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COVER LETTER

TO:

TO:		istration Sec ision of Corp		·	•			
		GREEN HOMES ENTERPRISES, LLC						
SUBJI	ECT:		Name of Limit	ed Liability Company				
The en	iclosec	l Articles of a	Amendment and fee(s) are subn	nitted for filing.				
Please	return	all correspo	ndence concerning this matter t	o the following:				
			T. MATTHEW LADYMAN, E	ESQ.				
			NISHAD KHAN, P.L.	Name of Person				
				Firm/Company				
			617 E. COLONIAL DR.					
			ORLANDO, FL 32803	Address				
	City/State and Zip Code MATTHEW@NISHADKHANLAW.COM							
			E-mail address: (t	o be used for future annual repor	t notification)			
For fu	ırther i	nformation c	oncerning this matter, please ca	dl:				
T. MA	4TTH	EW LADYM	AN, ESQ.	407 228-97	11			
	_	Name o	f Person	at () Area Code D	aytime Telephone Number			
Enclo	sed is	a check for the	ne following amount:					
B \$2	25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Regist Divisi	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration (Division of C Clifton Build	Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN HOMES ENTERPRISES, LLC	<u> </u>
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	
The Articles of Organization for this Efficiently	Company were med on
Florida document number L18000192129	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office actions of New Registered Agent:	egistered office address on our records, enter the name of the
Name of their ivegates, and	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TAMMI ABUZAID	3530 YAEGER RD. ST. LOUIS, MO 63129	■ Add
			□ Remove
			□ Change
			☐ Remove
			□ Change
			☐ Remove
			🗀 Change
			Remove
			□ Change
		·	
			Remove
			Change
			Add
			Remove
			Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of b). The 90th day after the record is filed.
Dated 8116/2019,
Signature of a member or authorized representative of a member
NAEL ABUZAID, MANAGER
Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00