(Req	uestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	f Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO:		istration Section sion of Corpor			
SUBJE	CT:	Ptagonic Gre	en Leaf, LLC		
		_	Name of Limit	ed Liability Company	
The encl	losed	Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please re	eturn	all corresponde	ence concerning this matter to	o the following:	
			Mich	soltedenks Name of Person	<u>a15</u>
			<u>Feldi</u>	Firm/Company	2 P.A
			2053	3 Biscayne	B120 #469
			Ave	City/State and Zip Code	33180
		-	M fe lole (E-mail address: (to	be used for future annual report n	otification)
For furtl	her in	formation cone	erning this matter, please cal	I:	
Mi	<u>. L</u>	Name of Pe	laen Kigir	at (2x)5) 52 Area Code Days	289614 time Telephone Number
Enclosed	d is a	check for the f	ollowing amount:		
Ď X \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

2018 HOV - S AH 10: 33

Patagonic Green Leaf, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on Aug	just 14, 2108	and assigned
Florida document number L18000194086			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
Patagonia Green Leaf, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		Florida	
	City		Lip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of no provided for in Cl	ny duties, and I am fami hapter 605, F.S. Or, if th	iliar with and his document is

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:

	Manager Authorized Member
<u>Title</u>	<u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			
			□ Change
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Totalian Jan it albemakes also	Jan of filling.		(antianul)	
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Do	ock does not meet the ap	plicable statutory filir	nore than 90 days after filing. ig requirements, this date	Pursuant to 605.020 will not be listed as
he record specifies a delayed The 90th day after the rec		not an effective	time, at 12:01 a.m.	on the earlier o
October 1,	2018			
	(0)	~		

Page 3 of 3

Filing Fee: \$25.00