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June 26, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE GREENER HORIZONS GROUP, LLC 1300 NORTH OCEAN BLVD SUITE 405 POMPANO BEACH, FL 33062

SUBJECT: THE GREENER HORIZONS GROUP, LLC

REF: L19000045809

Disregard previous correspondence. This has not been filed and is rejected. PO Box is not acceptable.

Please list the complete principal office address.

If you have any questions concerning the filing of your document, pleaser call (850) 245-6051.

Mel Solomon Operations Manager A

FAX Aud. #: H24000220599 Letter Number: 224A00014023

From: Yanet Avila

From: Yanet Avila

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2024-06-28 17:14:52 GMT

(<u>Name of the Limited Liability</u> (A Florida L	Company as imited Liabilit	t now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Co Florida document number 1.19000045809	mpany were	filed on <u>02/14/2019</u>	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability o	ompany here:		
The new name must be distinguishable and contain the words "Limito	ed Liability Co	upony," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	190	S OCEAN BLVD APT 15-B		
(Principal office address MUST BE A STREET ADDRE	ESS) POP	IPANO BEACH, FL 33062	2021 5:E	2
			: C	<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S STORE 2436 N FEDERAL HW	* -	: } •
		SHTHOUSE POINT, FL 33064	PA CF S	<u>!</u>
			STATE C	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addro	ss on our records, <u>enter the n</u>	₹	
Name of New Registered Agent: CHRIST	CHRISTOPHER GOLDSTEIN			
New Registered Office Address: 1900 S 0	OCEAN BLV	TD APT 15-B		
TO TREE INTEREST CONTROL TRANSPORT		Enter Fiorida street address		
РОМРА	ANO BEACH	, Florida	33062	
-	(йу	Zip Code	

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.

/s/ Christopher Goldstein

If Changing Registered Agent, Signature of New Registered Agent

□Change

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

13053284774

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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 (If an effective date is listed, the date mu 	e date of filing: st be specific and cannot be prior to date of filitiock does not meet the applicable staruto repurtment of State's records.	ng or more than 90 days after filing.) Pur	suant to 605,0207 not be listed as	7 (3 Xh) i the
f the record specifies a delayed effective cord is filed.	ve date, but not an effective time, at 12:0	i a.m. on the earlier of: (b) The 90	th day after the	
Dated MAY 25	2024			
	/s/ Christopher Goldstein			

Typed or printed name of signer