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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

	Registration Section Division of Corpora			
SUBJEC	r: <u>Careen</u>	Intermodal Name of Limite	Transpurtation d Liability Company	L.L.C.
The enclo	sed Articles of Ame	ndment and fee(s) are subm	itted for filing	
Please ret	urn all corresponder	ce concerning this matter to	the following:	
	-	Kevin Lee	Career Name of Person	
	-		Firm/Company	
	-	9750 Crotty	Aug_ Address	
		Hastings FL	. 32145 City/State and Zip Code	
	<u> </u>	(KIG911@hod E-mail address: (to	be used for future annual report notifica	ation)
For furthe	r information conce	rning this matter, please call	:	
Ker	Name of Pers	son		3914 Telephone Number
Enclosed	is a check for the fo	llowing amount:		
□ \$25.0	0 Filing 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orcen Intermodal Transportation L.L.C

(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 Cor	mpany were filed on $2 -$	20-2019	_ and assigned	
Florida document number L19000049989	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed hability company here:			
GREEN INNOVATIVE TR	ACTOR L.L.	C.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
				
		.92	20:	
Enter new mailing address, if applicable:			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(Mailing address MAY BE A POST OFFICE BOX)			Ž	
		<u> </u>	6	
		288	_₽ M	
B. If amending the registered agent and/or registered	office address on our recor	ds, enter the name o	The new register	<u>e (</u>
agent and/or the new registered office address here:		巴至	. 09	
		ריז	•	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	treet 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 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
			□ Add
		.	Remove
			☐ Change
			□Add
			Remove
			□Change
			Remove
			☐Add
			Remove
			□Change
			□Add
		□Remove	
			□Change
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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(If an effe Note:	we date, if other than the date of filing:
ne record ord is file	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 ed.
Dated _	1/2/2023
	Signature of a member or authorized representative of a member
	Kevin Green Typed or printed name of signee

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