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| Certified Copies        | _ Certificates     | of Status   |
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| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: GREEN SERVICE GLOW

| The enclosed Articles of     | Amendment and fee(s) are sub               | mitted for filing.   |  |
|------------------------------|--|--|--|
| Please return all correspond | ondence concerning this matter             | to the following:  |  |
|                              | JoHANKA G                                  | Name of Person  CLow 'LA  Firm/Company                                     | : Ambr   |
|                              | 77 HARBO                                   | R DRIVE<br>Address   | PMB # 74   |
|                              | KEY BISCAY                                 | City/State and Zip Code  MUSERGY Q G M to be used for future annual report | 33149 ALCom notification)  |
| For further information of   | concerning this matter, please ca          | all:   |  |
| Vottanka Go                  | of Person                                  | at ( <u>305)</u> 95,<br>Arca Code Da<br>786 21                             | 1. 0470<br>Objectime Telephone Number  |
| Enclosed is a check for t    | he following amount:                       |  |  |
| ☐ \$25.00 Filing Fee         | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)           | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                              |  |  | •  |

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GREEN SERVICE GLOW, LLC 3   |
|---|
| (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 MARCH 42018 and assigned  Florida document number 19000060796   |
| This amendment is submitted to amend the following:   |
| A. If amending name, enter the new name of the limited liability company here:  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable: 5445 collins Avenue   |
| (Principal office address MUST BE A STREET ADDRESS)  MIAMI BEACH FLORIDA 33140  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  PMB # 74  77 HARBOR DRIVE  KEY BISCAYNE FL 33149   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  First Florida street address  KEY Biscourg 33149   |
| TEY DISCAYNE, Florida 33/49  Cily 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.  In Changing Begistered Agent, Signature of New Registered Agent |

Primary LONE OWNER

| • If amending or removed | g Authorized Person(s) authorized to ma | anage, enter the title, name, and address of eac | h person being added |
|--------------------------|---|--|----------------------|
| MGR = M $AMBR = A$       | lanager<br>Authorized Member            |  |                      |
| <u>Title</u>             | <u>Name</u>                             | Address  | Type of Action       |
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| cument'               | s effective date on the Department of State's records.  |
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