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COVER LETTER

TO:		tration Secti ion of Corpo			
SUBJE		Green is Good			
30131	C1			ed Liability Company	
The enc	losed A	Articles of An	nendment and fee(s) are subm	itted for filing.	
Please r	eturn a	ll correspond	ence concerning this matter to	the following:	
			Alfonso Machado		
				Name of Person	
			Green is Good LLC		
				Firm/Company	
2000 Palm Beach Lakes Blvd, Suite 701					
				Address	
			West Palm Beach, FL 33409)	
			amachado@thegreenshape.co	City/State and Zip Code	
			E-mail address: (to	be used for future annual report notifica	ition)
For furt	her info	ormation con	cerning this matter, please call	l:	
Alfonso	Mach	ado		561 5087779	
		Name of Po	erson	at () Area Code Daytime T	elephone Number
Enclose	d is a c	heck for the t	following amount:		
■ \$2 5	.00 Fili	ng Fee	S30.00 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:

TO:

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 ARTICLES OF ORGANIZATION OF

Green is Good LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on March 22, 2019	and assigned
Florida document number L19000079854	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>2</u>
(Principal office address MUST BE A STREET ADD	RESS)	
		R T
		2 - S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		002
		26 11E 2101
B. If amending the registered agent and/or registered agent and/or the new registered office ado		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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
AMBR	The GreenShape Holding LLC	125 S State Rd 7, Unit 104 #316 Wellington, FL 33414	⊟ Add
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			SECRETARIAN RECEIVED
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bloodocument's effective date on the Defective date.	t be specific and cannot be ock does not meet the ap	oplicable statutory f	or more than 90 days af	otional) fter filing.) Pursuant to his date will not be	o 605.0207 (e listed as t
ne record specifies a delayed The 90th day after the reco	effective date, but ord is filed.	t not an effectiv	e time, at 12:01	l a.m. on the e	arlier of:
Dated					
lut					
	Signature of a member or	authorized representa	tive of a member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00