LZ0000219744

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SEPRETARY OF STATE

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COVER LETTER

Division of Corpor	ations		
SUBJECT: Green	Spirit Gara Name of Lin	dens LLC ited Liability Company	· ,
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing	
The enclosed full cles of Till	endment and rec(s) are suc	mated for imag.	
Please return all corresponde	nce concerning this matter	to the following:	
	Ivy 1	ternandez Name of Person	
	Green	Spirit Gardens LL	
		W 36+15 Street	
		h, FL 33012 City/State and Zip Code	
_		IRITMIAMI(@ control of to be used for future annual report notifications)	3
For further information conce	erning this matter, please c	all:	
Try Hernan Name of Per	de 2 Non	at (<u>786)</u> 402 Area Code Daytime	1531 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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:		Street Address:	

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

TO:

Registration Section

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

Green Spirit G	Company as it now appears on our records.) Limited Liability Company)
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000219744</u>	ompany were filed on $07/24/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1465 W 36th Street
(Principal office address MUST BE A STREET ADDRE	11'
Enter new mailing address, if applicable:	1465 W 36+b Street
(Mailing address MAY BE A POST OFFICE BOX)	1465 W 36+b Street Hidlah, FL 33012
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
7070 2Eb 5t VW 10: 1t	If Changing Registered Agent, Signature of New Registered Agent

LIFED

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>	Address	Type of Action
			Remove
			Change
			□Add
			□Remove
			□Change
			DRemove St. P.
			SS CO Phange SS CO Phange Phan
			Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Remove

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ffective date, if other that an effective date is listed, the da lote: If the date inserted in to ocument's effective date on	nte must be specific an this block does not :	nd cannot be prior to meet the applicab			ling.) Pursuant to	
record specifies a delayed ef Lis filed.	fective date, but no	ot an effective time	e. at 12:01 a.m. on	the earlier of: (b)	The 90th day a	after the
alled September	er 9	20,20				
		// / /	1			
ated <u>Septembe</u>	Signature of a	nul Herra	ndly_	fa member		-