## L200000265994

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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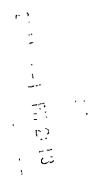
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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IEA		d Solutions, LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	· · ·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Mark Greenberg		
		-	Name of Person	
		<del></del>	Firm/Company	
		465 Ocean Drive, #1103		
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		mark@greenshieldsolution.	com to be used for future annual report noti	(insting)
For furth	er information c	oncerning this matter, please c		neadon)
Mark Gr			312 446-4888 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>s</b> 25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5	Section	Street Address: Registration Se	
	Division of C P.O. Box 632	-	Division of Cor The Centre of T	-
	Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Shield Solutions, LLC	
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L20000265994	Company were filed on August 26, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Green Shield Solution LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A - Same
(Principal office address MUST BE A STREET ADD	·
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent:	same : 3
	same : S
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the l complete performance of my duties, and I am familiar with and l agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability te.

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
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cument's effective date on the Dep	artment of State's record	S.		
ecord specifies a delayed effective of is filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is thett.				
October 25	2021			
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	ignature of a member or aug	horized representative	of a member	
Mark Cont.	( /			
Mark Greenberg	<b>X</b> /			