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T. MATTHEWS
JAN 18 2022

COVER LETTER

TO: Y Registration S Division of Co				
SUBJECT:	GREENAC	SO LLC		
30000ET	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	MOHAMED YASSIN			
Name of Person				
	GREENAGO LLC			
	Firm/Company			
	10621 LUCAYA DR			
		Address		
	TAMPA,FL, 33647-3666			
	EVAXOINT@GMAIL.CO	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
MOHAMED YASSIN		813 5737151 at ()		
Name of Person			e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El S55 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose	
<u>Mailing Addra</u> Registration	Section	Street Address: Registration Sec	ction	
Division of Corporations		Division of Cor	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENAGO LLC

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(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 $\frac{12/15/2020}{1}$ ___ and assigned Florida document number 1.20000390749 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Later new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

_____, Florida ____

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
AMBR	DAHER, RASHED	10621 LUCAYA DR.TAMPA,FL.,33647	□Add
			■ Remove
			□ Change
			□Add
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			Remove
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			□ Change

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ree .	
ran er Note:	ve date, if other than the date of filing:
recor d is fi	d 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	09/29/2021
	· north
	Signature of a member or authorized representative of a member
	MOHAMED YASSIN
	Typed or printed name of signee