L21000032428

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COVER LETTER

то;	Registration Sec Division of Corp	tion porátions	•	,		
CITO IC	Green Squat	LLC				
SUBJE	CT:	Name of Limi	ted Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please r	eturn all correspor	idence concerning this matter t	to the following:			
		Elisco Maldonado Vazquez	:			
Name of Person						
		Green Squat LLC				
			Firm/Company			
		2751 Rialto Ct				
			Address			
		Kissimmee, FL 34746				
			City/State and Zip Code			
		eliseo1975@gmail.com	o be used for future annual report notif	ivation)		
For furt	ther information co	oncerning this matter, please or		,		
Elisco	Maldonado Vazqu	е7	787 593-3250			
	Name of	Person	at () Area Code Daytime	: Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2:	5.00 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)		

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

Street Address: 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 SQUATILLC

(Name of the Limited Liability Company as it now agreers on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned Florida document number <u>1.21000032928</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREEN SQUAD LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter 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 Cirr 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			■ Change
			□Aild
			□Remove
			□Change
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an effec <u>lote:</u> H	e date, if other than the date of filing:
record Lis filed	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
ated X	March 11 2021
	×
	Signature of a member or muthorized representative of a member Tises Maldhads Vazguez Typed or printed name of signee

Filing Fee: \$25.00