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COVER LETTER

Division of Co	rporations		
SUBJECT: The	Green and Name of Lin	Pure LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		•
	Dobert	Hali han Name of Person	
	The Great	en and Pure of Firm/Company	LLC
		E Apparatox	
	PSL F	City/State and Zip Code	2
For further information co	E-mail address: (i	to be used or future annual report noti	Pure, com fication) Pure, com
Robert Name of	Herlibers Person	at (<u>772</u>) <u>742 -</u> Area Code Daytim	- J650 e Telephone Number
Enclosed is a check for the	e following 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 tadditional copy is enclosed)

TO:

Registration Section

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**

The Green and Purc	24C_
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed e	on
Florida document number <u>L21000</u> 228C60	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
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)	023
	.2
Enter new mailing address, if applicable:	- En
(Mailing address MAY BE A POST OFFICE BOX)	က်
	-4
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new registere</u>
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:

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>	Address	Type of Action
MGR	Robert Haliban	1509 SE Apparenthox TET	Add
		PSL Florida 34952	,
			□Change
MGR	Danielle molldene	1509 SE Appamattox TC	□Add
		PSC Florda 34952	Remove
			□ Change
MGR	Cristan Mirande	1509 SE Agametlex Ter	□Add
		PSL Florida 34952	Z Remove
			□Change
	·		🗀 Add
			□Remove
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		: 03 31 202	ng or more than 90 days after tili	ng 1 Pursuani to 605 0207 (
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than et <u>Note:</u> docum	effective date is listed, the date must be specific and one of the date inserted in this block does not make	eet the applicable statuto ate's records.	ry filing requirements, this da	ite will not be listed as th
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