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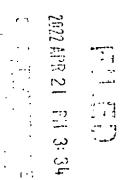
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COVER LETTER

TO: Registration Se Division of Cor				
Greens Gir	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Elizabeth Hutto			
		Name of Person		
	Essential Solar Consulting	LLC		
		Firm/Company		
	7965 State Road 50, Suite	1000-229		
	Groveland, FL 34736	Address		
	E-mail address: (to be used for future annual report notification		į,
For further information of	concerning this matter, please c	all:	10 Page 1	ř •,
Elizabeth Hutto		813 743-0016	27	
Name o	of Person	at () Area Code Daytime Tele	phone Number	
Enclosed is a check for t	he 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 (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 ARTICLES OF ORGANIZATION **OF**

, ,	TICLES OF A TO CLES OF O OI) RGANIZAT		
Greens Girl LLC				
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Liorida document number L21000238683	ability Company	were filed on M	ay 21, 2021	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of Essential Solar Consulting LLC	the limited liabi	lity company ho	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX")		7965 State Roa Suite 1000-229 Groveland, FL		
B. If amending the registered agent and/or registered office address Name of New Registered Agent:	•	ddress on our r	ecords, <u>enter the n</u>	ame of the new registered
	7965 State Road	1 50, Suite 1000-2	229	
New Registered Office Address:	····	Enter Flo	rida street address	
	Groveland		, Florida	34736
		City		Zip Code
New Registered Agent's Signature, if changing Relatively accept the appointment as registered provisions of all statutes relative to the propericept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this desired.	d agent and agre or and complete otered agent as p registered office	performance of provided for in (^r my duties, and I ai Chapter 605, F.S. C	m familiar with and Or, if this document is

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	Tina Marie Leon	9301 Halsey Drive, Groveland, FL 34736	= Add
			□Rеточе
			□Change
			🗆 Add
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			Change

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.					
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