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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future = annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRNA LC OF FL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRNA LC OF FL LLC			
(Name of the Limited Liable (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability		and	d assigned
Florida document number L21000282172			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "L	LC" or the abbreviation	m "L.L.C."
Enter new principal offices address, if applicable:	·		···································
(Principal office address MUST BE A STREET ADD	RESS)		2024 0
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		겉됐	<del>-</del>
Enter new mailing address, if applicable:		3 C	- :
(Mailing address MAY BE A POST OFFICE BOX)		i G	P
		3 <u></u>	كن <u> </u>
			<u>+</u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the	e new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
		Florida	. ,
	City	Zip (,	ode

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Treasurer	Calum Middleton	119 Washington Ave., Suite 100	□Add
		Miami, FL 33139-7248	<b>≣</b> Rетюче
		/#	□Change
CEO	Andrew Wenlock	119 Washington Ave., Suite 100	■Add
		Miami, FL 33139-7248	□Remove
			☐ Change
SVP, Finance Andres Trejo	Andres Trejo	119 Washington Ave., Suite 100	≣Add
		Miami, FL 33139-7248	□Remove
			□Change
			□Add
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(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the ap	plicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605,0207 (rements, this date will not be listed as the
the record specifies a delayed effective ord is filed.	re date, but not an effectiv	we time, at 12:01 a.m. on the o	earlier of: (b) The 90th day after the
Dated October 11	2024		
dan lulen			
	Signature of a morning or	authorized representative of a me	mbut

Filing Fee: \$25.00

Typed or printed name of signee