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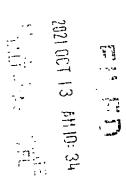
(Requestor's Name)					
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Gree	n Dynast Co	insulting LCC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Berbere	A SUMOZE Name of Person	
	dreen Dy	Firm/Company	y uc
	1737 sawgras	s circle Address	
	Greenacres, f	City/State and Zip Code 626 2 gm 21 1.1000 to be used for future annual report no	tification) 7-9113 The Telephone Number
	JOCZ rdone o	626 a gmell lom	titication)
For further information	concerning this matter, please c	all:	
Denny	A meide	at (954) 29	7-9113
Name	of Person	Area Code Daytis	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Dyne	sty consulting LLC.			
(<u>Name of the Limited Liabil</u> (A Florid	sty Consulting LC. ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability (Company were filed on10/68/21	and assigned		
Florida document number L21000330819	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	(ESS)			
		2021		
		00		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		- T		
		<u> </u>		
		교 :		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the nar	ne of the new registered		
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 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
<u>ugr</u>	Juan D Cardone	1737 Saugross Circle	□Add
		Greenacres, fl 33413	CKemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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