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PICK-UF	WAIT MAIL
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COVER LETTER

Division of Cor	porations		
SUBJECT:		AF BOOF IN mited Liability Company	6-
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	NELSON	KEELING Name of Person	
	4		
	GREEN.	LEAF hoofing	
		Firm/Company (
	1350 Co	centy Roll, #	796
		~ Nouress	
		City/State and Zip Code	98 FL
	0.4.0	City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	gmail.com
For further information co	oncerning this matter, please c	all:	
Viktoriia	Keelino	at (<u>813</u>) 403 Area Code Daytime	- <i>41 2 6</i>
Name of	Person	Area Code Daytimo	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 (additional copy is enclosed)

Registration Section

TO:

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 Leaf	Roofing
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2 1 00 0 3 4 3 5 4 2</u>	were filed on $\frac{07/27/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	1350 County Rd 1, #796 Dunedin 34698 FL
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1350 County Rd1 # 796 Duyedin 34698 For
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1350 Dun	1 COUNTY BUT, #796 Enter Florida street address 1 COUNTY BUT, #796 Enter Florida 34693 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.

Nelson

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

Title Name Address Type of Action 1350 County Rd 1, # 796 Dadd

Dunedin 34698 FC DRemove AMBR KEELING NELSON Huthoused Keeling Viktoria 1350 County Rd 1, #796, hepresentative Duredin 34698 FL DRemove Change \square Add Remove ☐ Change □Add Remove ☐ Change □Add Remove Change □Add Remove _____ Change

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an effect	e date, if other than the date of filing:
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
(ve (iiiiieii	to enective date on the Department of State 5 records.
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
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Dated	Signature of a member or authorized representative of a member Viktoria Kelling Typed or printed name of signee