K21000352479

(Requestor's Name)
(Address)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section

Division of Cor	porations				
	ABLE CO 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:			
	NATALIA GONZALEZ (CANON			
		Name of Person		-	
		Firm/Company		202 (55	
	1500 NE MIAMI PLACE	APT 1006		2021 PTS 12	
		Address			5
	MIAMI, FL 33132			1.VIS = 0	ສ ີ ເ
		City/State and Zip Code		MIN.	文 그
	JUANMEJIAMARUN@HO	OTMAIL.COM to be used for future annual report not	(figation)	;77 -	-1
For further information c	oncerning this matter, please ea		incution)		
NATALIA GONZALEZ	CANON	330 809-3283			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
Mailing Address Registration S Division of C	Section	Street Address: Registration Sc Division of Co			
P.O. Box 632	7	The Centre of	Γallahassee	10	
Tallahassee, l	LL 34314	2413 IN. MONTO	e Street, Suite 8	IU	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOSTAINABLE COLLC		 -
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000352479	Company were filed on AUGUST 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
SUSTAINABLE GOODS LLC		2021 5.5
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)	
		1112 V
		97 CT
Enter new mailing address, if applicable:		. <u></u> .
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or register gent and/or the new registered office address here 		nme of the new registe
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
			□Add
			□Remove
			Change
			□Add
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fective date, if other than the da	Specific and cannot be notor	to date of filing or mo-	(option	ial) Jing.) Purs	suam to	605.020
vte: If the date inserted in this block cument's effective date on the Depart	ducs not meet the annuc	able statutory filme	requirements, this	late will	not be	listed a
ecord specifies a delayed effective da is filed.	ite, but not an effective ti	me, at 12:61 a.m. or	n the earlier of: (b)	The 90t	ih day a	ofter the
AUGUST 6	2021					
1 , ~	1. 0					
Nordin Eus	nature of a member or autho	rized representative of	f a member			