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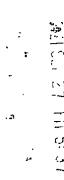
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Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Sec Division of Corp		
SUBJECT:M	nny Green Service LLC. Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspor	idence concerning this matter to the following:	
	Manuel Quinones Name of Person	
	Name of Person	
	Manny Green Service LLC Firm/Company	
	Firm/Company	
	10205 casa Palarmo Dr. Apt 5	
	Addicas	
	Riverview, Fl 33578 City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For first as in formal.		
	ncerning this matter, please call:	
Manuel	Quinones at (813), 516 - 0404 Person Area Code Daytime Telephone Number	
Name of	Person Area Code Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

Mailing Address:

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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

L 2100 0388 301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF ##18E. 27 PH 5: 37

Manny Green Serv (Name of the Limited Liability Co	rice	LIC.	
(Name of the Limited Liability Co (A Florida Lin	ompany as i nited Liabilit	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 21000388301</u> .	pany were	e filed on $8-31-2021$ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability c	company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Cor	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice addres	ess on our records, <u>enter the name of the new regis</u>	
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
	Cit	Tip: Zin Code	
New Registered Agent's Signature, if changing Registered Age	•	- 7.4p Code	
hereby accept the appointment as registered agent and corovisions of all statutes relative to the proper and complocept the obligations of my position as registered agent obeing filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to a lete perfor as provide	ormance of my duties, and I am familiar with and led for in Chapter 605, F.S. Ox, if this document i	
<u>ir c</u>	hanging Re	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		Wolst. 27 PM 5: 37	
<u>Title</u>	<u>Name</u>	Address +	Type of Action
MGR	Manuel Quinones	10205 casa Palarmo Drapt	5_ DEAdd
		10205 casa Palarmo Dr apt Riverview Fl 33578	Remove
			□Change
			□Add
			□Remove
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	date, if other t	han the date of t	filing:		(0	optional))
Effective		date must be specifi in this block dose	ic and cannot be p not meet the an	prior to date of filing	or more than 90 days	after filing) L) Pursuant to 605,0207 (3
(If an effect	ive date is listed, the the date inserted i	THE HARD CHOCK GOLD,			IIIIDO FRANIERAMANE	thic data	
(If an effect Note: If	the date inserted	on the Department	of State's reco	rds.	illing requirements	, this date	e will not be listed as th
(If an effect Note: If documen	the date inserted in the case of the case	оп те глерантем	t of State's reco	rds,			
(If an effect Note: If documen he record s	t's effective date of	оп те глерантем	t of State's reco	rds,			e will not be listed as the
(If an effect Note: If documen he record s ord is filed	the date inserted in a control of the control of th	effective date, but	t of State's reco	rds, /e time, at 12:01 a	.m. on the earlier o	f: (b) T1	he 90th day after the
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(If an effect Note: If documen he record s ord is filed	pecifies a delayed 9-20	effective date, but	t not an effective	rds, ze time, at 12:01 a		f: (b) T1	he 90th day after the

Filing Fee: \$25.00