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COVER LETTER

		stration Sec ion of Corp						
end iez	T.	MORUD PI	NEAPPLE GROVE, LLC					
SUBJEC	.1; _	_	Name of Lim	ited Liability Company		<u> </u>		
The enclo	sed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please ret	urn a	ll correspon	dence concerning this matter	to the following:				
			DATAN DOROT					
				Name of Person	<u> </u>			
	DOROT & BENISMON PL							
	20295 NE 29TH PLACE. SUITE 201 Address							
			AVENTURA, FL 33180					
	City/State and Zip Code							
			corporate@durbenco.com					
			E-mail address: (t	o be used for future annual re	eport notification)			
For furthe	er info	ormation cor	ncerning this matter, please ca	ill:				
DATAN	DOR			at () 921-	-9421			
		Name of I	'erson	Area Code	Daytime Telepho	one Number		
Enclosed i	is a c	heck for the	following amount:					
\$25.0	0 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on o nability Company)	ur records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on _01/12/20	022	and assigned
Florida document number 1.22000027071	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	<u>he limited liab</u>	ility company here:		
GREEN PINEAPPLE GROVE, LLC				
The new name must be distinguishable and contain the work	ds "Limited Liabi	lity Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		20295 NE 29TH PLA	.СЕ	~
		SUITE 201		15 E
The grant of the same of the s	AVENTURA, FL 331	180	THE REPORT OF THE PERSON OF TH	
Enter new mailing address, if applicable:			THE PERSON	
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			<u> </u>
			<u>> 型 2</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our record	ls, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:	DORBEN COL	RPORATE SERVICES.	LI.C	
New Registered Office Address:	20295 NE 29T	H PLACE, SUITE 201		
		Enter Florida str	eet address	
	AVENTURA		, Florida	3180
		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.

f Changing 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NILS SANDUM	20295 NE 29TH PLACE	□Add
		SUITE 201	■Remove
		AVENTURA, FL 33180	□Change
MGR	DATAN DOROT	20295 NE 29TH PLACE	≡ Add
		SUITE 201	□ Re move
		AVENTURA, FL 33180	
			☐ Add — F
			☐Change
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an effe	ve date, if other the	late must be specif	ic and cannot be pr	rior to date of fili:	ng or more than	90 days after fili	ing.) Pursuant to 60)5.0207 (
	If the date inserted in ent's effective date or				y ming requi	rements, this di	ate will not be its	sted as t
			it not an effective	e time, at 12:01	a.m. on the c	earlier of: (b)	The 90th day aft	ter the
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Filing Fee: \$25.00