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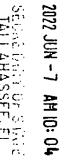
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

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COVER LETTER

TO:

FO: Registration S Division of Co			
Green Ho	using Studios, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Naya Effiott		
		Name of Person	
	Green House Studios, LLC		
		Firm/Company	
	11705 Boyette Rd #151		
		Address	
	Riverview, FL 33569		
		City/State and Zip Code	
	itsgreenhousestudios@gmai E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please ca	•	
Naya Elliott		813 732-6574	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Certified Copy (additional copy is enclosed)	of Status & opy
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION **OF**

FILED

Green House Studios, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lumited Liability Company)

SEULE GARY UF STATE
TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 4/20/22 and assigned Florida document number 1,22000188928 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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
AR	LaTasha Nichols	11705 Boyette Rd	□Add
		#151	≣Remove
		Riverview, FL 33569	
			□Add
		 	□Remove
			□Add
			□Remove
			□Change
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ffective date, if other than an effective date is listed, the date inserted in thi ocument's effective date on the	s block does not meet the ap	oplicable statutory fili	(option nore than 90) days after fi ng requirements, this o	nal) ling.) Purstant to 605 02 date will not be listed
	-			
record specifies a delayed effe d is filed.	ctive date, but not an effect	we time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
May 19.	2022			
·		 ,		
Dated May 19. Naya Elli	Signature of a mountage or	authorized representative	e of a member	

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EDIT CAFAC