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To:	Division of Corporations Fax Number: (850)617-6	5383	2 NON 23
From:	Account Name : BLALOCK, W Account Number : 0766660036 Phone : (941)748-0 Fax Number : (941)745-2	9100	, P.A. 27
	the email address for this bu hual report mailings. Enter of		
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Corporate Filing Menu

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DocuSign Envelope ID: AAEDEBB9-1863-41E4-A6C4-BF96EF2289A8

TO: Registration Section Division of Corporations

GREEN CALLA LILY, LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amondment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EILEEN PENNINGTON

Name of Person

BLALOCK WALTERS, P.A.

Fim/Company

802 ITTH STREET WEST

Address

BRADENTON, FLORIDA 34205

City/State and Zip Code

joe@jeirealestate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

 EILEEN PENNINGTON
 941
 748-0100

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

🗑 \$25,00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

	F2289A8 ICLES OF AMENDMENT TO CLES OF ORGANIZATION OF	2022 NOV 29 AM 11: 27
GREEN CALLA LILY, LLC	d Linbility Company as It now appears on our recur A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liz Florida document number <u>L22000203830</u>		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we Euter new principal offices address, if applica		C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET	<u></u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter</u> <u>a here</u> :	r the name of the new registered
Name of New Registered Agent:	BLALOCK WALTERS, P.A.	

New Registered Office Address:	802 HTH STREET WEST				
New Reparter of the states of the	Enter Florida street address				
	BRADENTON	, Florida 34205			
	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.

Weeth Hants

DocuSign Envelope ID: AAEDEB89-1863-41E4-A6C4-BF96EF2289A8 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		2012 NOV 29 AH 11: 27	A LINE OF STOLES
(If an ef <u>Note:</u>	live date, if other than the date of filing:(optional) feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b thent's effective date on the Department of State's records.	to 605.021	07 (3)(b) 18 the
If the record record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cartier of: (b) The 90th day led.	y after th	c

Dated ______November 28 ______2022 _____. Decusioned by: JOSEPH IRIZARRY -7044F50E00024CD. Signature of a member or authorized representative of a member

JOSEPH IRIZARRY

Typed or printed name of signee