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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC Account Number : I20210000128 Phone : (305)244-9500 Fax Number : (954)827-9354

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICA GREEN PLANET LLC

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K. Brumbley

COVER LETTER

Tallahassee, FL 32314

| | gistration Solision of Col | | | |
|----------------|----------------------------|--|---|--|
| CITO ICCT. | | AMERICA O | GREEN PLANET LLC | |
| SUBJECT: | | Name of Lin | nited Liability Company | |
| The enclosed | i Articles of | Amendment and fee(s) are sub | omitted for filling. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | | RODRIGO URBINA | |
| | | | Name of Person | *************************************** |
| | | | SUNBIZ ONLINE LLC | |
| | | | Firm/Company | |
| | | 1401 SAWGR | ASS CORPORATE PKWY, SU | JITE 200 |
| | | | Address | —————————————————————————————————————— |
| | | | SUNRISE, FL 33323 | |
| | | | City/State and Zip Code | |
| | | | RIGO@SUNBIZONLINE.ORG to be used for future annual report | |
| For further in | uformation c | oncerning this matter, please c | | inality and in the second |
| | RODRIG | O URBINA | 305 | 244-9500 |
| | Name o | f Person | at () | rtime Telephone Number |
| Enclosed is a | check for th | he following amount: | | |
| ■ \$25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ling Addres | | Street Address | |
| Div | | orporations | Registration Division of C | Corporations |
| P.O | Box 632 | :7 | The Centre o | f Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMERICA G | REEN PLANET LLC | | | |
|---|---|---------------------------------------|----------------|---------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears of d Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on | 07/20/2022 | and a | ssigned |
| Florida document number | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lis | ability company hero | 2: | | |
| The new name must be distinguishable and contain the words "Limited Lia | ibility Company," the desi | ignation "LLC" or the al | bbreviation " | L.L.C." |
| 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) | | | | |
| | | | | |
| | | | | |
| If amending the registered agent and/or registered office | e address on our rec | ords, <u>enter the nan</u> | ie of the n | ew regist |
| gent and/or the new registered office address here: | | | <u>::</u> | 023 |
| | | | : • | SE |
| Name of New Registered Agent: | | | <u> </u> | -0 |
| New Professor Office Address | | | | 2 |
| New Registered Office Address: | Enter Floride | a street address | | |
| | | | - 1.1 - 1.1 | Ė. |
| | City | , Florida | Ziv Code | |
| | CHY | | zap Coa | יטי |

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> | <u>Address</u> | Type of Action |
|--------------|--------------|---|----------------|
| MGR | GOMEZ. FABIO | *************************************** | □Add |
| | | | Remove |
| | | | DChange |
| MGR | PAEZ, LUIS F | | □Add |
| | | | ■Remove |
| | | | Cl Change |
| | | . | □Add |
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| | | · | ☐ Change |
| | | | □Add |
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| | | | □ Remove |
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| | | | □Add |
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| | | | □ Change |

| lf an ei <u>Note:</u> | tive date, if other than the date of filing: |
|--------------------------|---|
| e reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated | SEPTEMBER 12 |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00