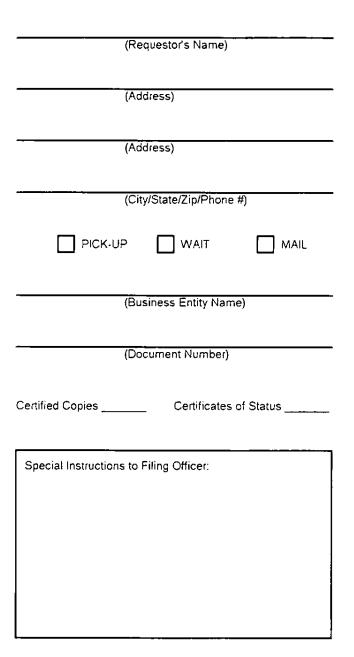
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Office Use Only





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## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
	RENOVATION LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
Please return all correspo	ndence concerning this matter	to the following:			
	CRISTIANE D VENTUR	Α			
	Name of Person				
	EXCELLENCE VIRTUA	L ADMINISTRATIVE SERVICE	S LLC		
Firm/Company					
	2121 S HIAWASSEE RD	SUITE 118 OFFICE#88			
	<del></del>	Address			
	ORLANDO.F1 32835				
		City/State and Zip Code	• • • •		
	admin@excellenceservices.				
For further information c	n-man address: ( oncerning this matter, please of	to be used for future annual report not	incation)		
CRISTIANE D VENTU	-	321 419-6041			
Name of Person		at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	S30.00 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)		
		6			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of C		Division of Cor			
P.O. Box 632	-	The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa	iny as it now appear	rs on our records.)	<del>- ,</del>	
\ <u> </u>	(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited language Florida document number 1.22000345138	Liability Company	were filed on 08	/05/2022	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company he	ere:		
GREEN SPACE OUTDOOR, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	lesignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
		<del></del>			
		N/A			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			<del></del>	
			·····	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our r	ecords, <u>enter the nam</u>	e of the new registered	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
New Registered Office Address.		Enter Flo	rida street address		
		, Florida			
	<del></del>	City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	Į			
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	red agent and agr per and complete gistered agent as registered office	ee to act in this performance of provided for in (	capacity. I further ago my duties, and I am f Chapter 605, F.S. Or,	ree to comply with a amiliar with and if this document is	

If 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>	Name	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
	·		□Remove
			Change
N/A	N/A	N/A	DAdd
			□Change
N/A	N/A	N/A	. □ Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A	N/A	N/A	□ Add
			□Remove
			□Change

		NAME ONLY					
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			DATE OF	FILING			
Tective date,	, <mark>if other than th</mark> is listed, the date m	e date of filin	g:		or more than 90 da	(optional) ivs after filing.) P	ursuant to 605.020
ote: If the dat	te inserted in this b	lock does not t	meet the application	able statutory i	iling requireme	nts, this date wi	ll not be listed as
cument's effe	ective date on the I	separtment of t	State's records				
verant specific	es a delayed effecti	ive date hut no	t an effective :	ime_at_12:01 a.	m, on the earlie	r of: (b) The 5	Oth day after the
is filed.	a delayed errect	., 0211, 02111					•
N. C. D. CII			2021				
nted	1,151H		2024	·			
			111				

D.

Filing Fee: \$25.00

Typed or printed name of signee