L22000417786

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SECRETARY OF STATE
TALLA-JASSEE, FL

COVER LETTER

TO: Registration ! Division of Co			
	Incentives, LLC		
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Karen Sanderson		
		Name of Person	
	Hive Law		
		Firm/Company	
	5505 W Chandler Blvd Ste	2 5	
		Address	
	Chandler, AZ, 85226		
	Renewals@hive.law	City/State and Zip Code	
	-	(to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Karen Sanderson		480 801-9107	
Name	of Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
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, Sur Tallahassee, FL 32303	ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Go Green Incentives, LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L22000417786		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "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)		2022 NOV
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the na	V 28 r AM 9: 41 TAIR OF STAT AH/SEE, FL
		П
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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 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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Lead Drop, LLC	30 N Gould St Ste R	
		Sheridan, WY, 82801	■Remove
			□Change
AMBR	Jason Hunter	670 34th Ave NE	≣Add
		St. Petersburg, FL 33704	□Remove
			Change
			□Add
			□Remove
			□Change
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