L22 000 429 448

Office Use Only



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SECRETARY OF STATE

COVER LETTER

Division of Co				•	
SUBJECT: Mec	ping it Green Name of Lim	SpinWle f ited Liability Company	 -		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter	-			
rease return un correspo	ondence concerning this matter	to the tonowing.			
	Christop	har Alexander U	ටගට		
	Herping	1 Grew Sprink	\v\		
	5719 fi	hhawk ridge W.			
	(ilhia, 1	City/State and Zip Code		2022 NOV -2 SECRE MED	 ¥
	Kenna It (E-mail address: (0 6	(A) COM	y −2 •	
For further information of	concerning this matter, please ca	all:			, w
Christophe Name of	A Nucl	at (\$13) S16	- SS X Z Telephone Number	WORLD: TH	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration S		Street Address: Registration Sec	etion		
Division of C	Corporations	Division of Corp	oorations		
P.O. Box 632	27	The Centre of Ta	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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(Name of the Limited Liability Com (A Florida Limite	pany as if now appears on o d Liability Company)	ur records.)	1	
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L22000429448}$	ny were filed on <u>OC+</u>	4年 20	OLL_ and assigne	:d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "I.I.C" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			207	
			7 C 2 K	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:			200	
(Mailing address MAY BE A POST OFFICE BOX)			点景 置	
			- PO 5	~ ::3°
			一点一	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, <u>enter the r</u>	name of the new reg	<u>zistered</u>
agent and/or the new registered office address here.				
Name of New Registered Agent.				
New Registered Office Address:		<u>.</u>		
	Enter Florida stre	eet address		
		, Florida		
	Сиу		Zıp 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.

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>	<u>Name</u>	Address	Type of Action
AMBR	Christopher A Wood	5719 Fishhawk sidge d	VIVC TENDO
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							J.Y.	
Effective date, if other than the date fan effective date is listed, the date must be sp. Note: If the date inserted in this block do locument's effective date on the Departm	eific and c es not me	cannot be poset the ap	plicable s				ing) Pursuan	
record specifies a delayed effective date. d is filed.	but not a	an effecti	ve time, a	i 12:01 a.m	on the earl	ier of: (b)	The 90th da	ay after th
Dated October 29th	<u>-</u> /	702	<u>l</u> .		_			
Highat	are win me	entiber or a	authorized	representati	ve of a member	:1	<u> </u>	
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Filing Fee: \$25.00