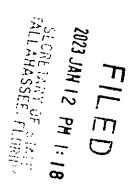
## L23000006442

(Requestor's Name)
(Address)
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Division of Cor			
GREEN SV	WAMP HOLDINGS LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del>_</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Meray Vardy		
		Name of Person	
	FinMe. Inc		
		Firm/Company	
	25 SE 2ND AVE STE 550	PMB 134	
		Address	<del></del>
	MIAMI, FL 33131		
	merav@finmenow.com	City/State and Ztp Code	
	E-mail address: (t	o be used for future annual report notif	cation)
For further information c	oncerning this matter, please ea	ill:	
Jordan Amendt		512 7761767	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 DocuSign Envelope ID: 01D1357A-B0C0-4F8D-941E-BA0F2F5CEA0B

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN SWAMP HOLDINGS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000006442</u>	were filed on <u>01/06/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
YELLOW SWAMP HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
<del></del>	City	. Florida Zin Code
New Registered Agent's Signature, if changing Registered Agent	*	·

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

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11 amenuing Authorized rerson(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	Address	Type of Action
			□Adđ
			□Remove
			Change
			🗀 Add
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ective date, if other than seffective date is listed, the date is:    If the date inserted in this ument's effective date on the	s block does no	ot meet the appli	cable statutory	g or more than 90 r filing requiren	(optional) days after filing nents, this date	) Pursuant to 605.02 will not be listed
cord specifies a delayed effe s filed.	rtive date, but	not an effective	time, at 12:01	a.m. on the earl	ier of: (b) Th	e 90th day after th
January 12		2023	·			
			000	uSigned by:		ALE V
			\ - <u>-</u>			MB3 MM 12 PM
	Signature o	f a member or auth	torized represer	italive of a memb	er	76.4.

Filing Fee: \$25.00