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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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_ GREEN DEV GOVERNMENT SOLUTIONS LLC

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COVER LETTER

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TO:		istration So sion of Cor			•		
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SUBJI	eCT;		Name of Lin	nited Liability Company			
The end	closed	Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please	rctum	all correspo	ondence concerning this matter	to the following:			
			Cheyenne Moseley				
			<u></u>	Name of Person			
			Legalzoom.com, Inc.				
				Firm/Company			
			101 N Brand Blvd 11th Fl				
			Address				
			Glendale, CA 91203				
				City/State and Zip Code			
			ddevries0987@gmail.com				
For furt	ther int	ormation co	E-mail address: (oncerning this matter, please of	to be used for future annual report not all:	incation)		
Cheyen	ne Mo	seley		800 773-0888 at ()			
		Name of	Person	at ()	e Telephone Number		
Enclose	ed is a	check for th	e following amount:				
□ \$25	5.00 Fil	ing 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)		
		Registra Division P.O. Bo	NG ADDRESS: attion Section of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lin (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	·
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000032851</u>	npany were filed on 01/18/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>	
(Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the
resistered agent and/or the new registered other address	<u>s nere</u> .	غن
Name of Nam Panistoned Ameri		- 2
Name of New Registered Agent:	 	• • • • • • • • • • • • • • • • • • • •
New Registered Office Address:		
	Enter Florida street address	
	City , Florie	ia Zip 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

To:

Title	<u>Name</u>	Address	Type of Action
AMBR	Hannah Devries		🖸 Add
			U Add
			Remove
		224 Timbercreek Dr., Ponte Vedra, FL 32081	🖺 Change
AMBR	Teaha Green		5
			D Add
			Remove
		8625 Olson Ave., Suite 2, Jacksonville, FL 32211	Change
AMBR	David Devries		
			□ Add
			Remove
			Change
AMBR	Luis Green		
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(li an ci) <u>Note:</u>	ive date, if other than the date of filing: (optional) iective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Die 27/2023 Signature of a member or authorized representative of a member
	Hannah DeVries
	lyped or printed name of signee

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Filing Fee: \$25.00