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To:			
	Division of C	,	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENTS INC.	
	Account Numbe	r : I20090000081	r-: 03
	Phone	: (307)200-2803	
	Fax Number	: (855)330-1010	· · · · · · · · · · · · · · · · · · ·
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annual	report mailings	s. Enter only one email addres	ss please.**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KARMA GREEN CONSULTING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Karma Green Consulting LLC		
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000046865	were filed on 01/25/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	eddress on our records, enter the na	•
	, Florida _	IK
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u>.</u>

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 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
MGR	Jessica Mundo	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	□Remove
		v	
AMBR	Martin Calabrese	7901 4TH ST N STE 300	Z Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	WAR	_pa=1	□Add
		<u> </u>	□Remove
			□Change
		 	□Add
			□Remove
			□ Change

If amending any other inform	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u>	
ffective date, if other than the an effective date is listed, the date meters. If the date inserted in this locument's effective date on the	date of filing:
record specifies a delayed effect I is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 9	. 2023
	Roli de Janey
	Signature of a member or authorized representative of a member
	Robin Jones
	Typed or printed name of signee

Filing Fee: \$25.00