L23000012631

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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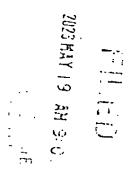
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|---|---|---|---|
| SUBJECT: GREENBA | ACK CONSULTANTS LLC | | |
| | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JAIMINKUMAR PATEL | | |
| | | Name of Person | |
| | GREENBACK CONSUL | TANTS LLC | |
| | | Firm/Company | |
| | 10636 MENDOCINO LN | | |
| | | Address | |
| | BOCA RATON FL 33428 | 3 | |
| | | City/State and Zip Code | |
| | | ANTSBOCA@GMAIL.COM | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report no all: | tification) |
| | , | | |
| JAIMINKUMAR PATE | | at (561) 3861168 Area Code David | me Telephone Number |
| Name o | of Person | Area Code Dayon | me receptione statuber |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: Registration S | ection |
| Registration Section Division of Corporations | | Division of Co | |
| P.O. Box 632 | 27 | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GREENBACK CONSULTANTS LLC | | |
|---|--|----------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our recor Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Company | y were filed on 02/09/2023 | and assigned |
| Florida document number 1.23000072631 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 202 |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | De 6 ; -≺ houste |
| | | , w |
| Enter new mailing address, if applicable: | | ∑an i tij |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| STURING AUGUSS SIAT BE A POST OFFICE BOA | | - <u></u> |
| | | <u> </u> |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, ente | r the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | Per |
| | imer i wrad sireet daar | C 10 |
| | , F | Torida Ziv Code |
| | Cuy | ыр соае |

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 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------------|--|----------------|
| MGR | JAIMINKUMAR PATEL | 10636 MENDOCINO LN BOCA RATON FL 33428 | ≣Add |
| | | | □Remove |
| | | | □Change |
| MGR | ARPITA PATEL | 10636 MENDOCINO LN BOCA RATON FL 33428 | ≣Add |
| | | | 🗆 Remove |
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| f an eff <u>Note:</u> | ve date, if other than the date of filing: 05/11/2023 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ent's effective date on the Department of State's records. |
| record d is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed. |
| Dated | · |
| | -T.R. Datal |
| | Signature of a member or authorized representative of a member |
| | |
| | TAIMINKUMAR PATEL Typed or printed name of signee |