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COVER LETTER

	Registration Se Division of Cor					•
SUBJEC	Green Drive	e LLC				
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	nited Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Rodney Rampersad				
		·	Name of Person			
		GreenDrive LLC				
		**	Firm/Company		**. *	
	•	8974 Rose Hill Dr N		<u>.</u>	203 802	
			Address		نَہ: ا	, , ,
		Jacksonville, FL 32221			-i, P	117
		info@greendrive.rent	City/State and Zip Code	E. FL	PH 12: 59	U
		E-mail address: (to be used for future annual report notifi	cation)	9	
For furth	er information co	oncerning this matter, please c	all:			
Rodney I	Rampersad		305 9877547			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate of Certified Cop (additional copy	Status & y	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Drive LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ited Liability Company)	,)		
The Articles of Organization for this Limited Liability Comp	oany were filed on 03/20/2023		and a	ssigned
lorida document number L23000140339				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
GreenDrive LLC				
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC"	or the abbrev	iation "	L.L.C."
Enter new principal offices address, if applicable:		.		
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		74	
	<u> </u>	, ·	<u> </u>	
			ત્રે	4
Inter new mailing address, if applicable:			<u>.</u> ;	; ;
Mailing address MAY BE A POST OFFICE BOX)		(a)	P	# 1 T
Stating dates MAT DE TITOST OF THE BONY			<u>22</u>	
		- 	6 9	
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name o	f the <u>n</u> e	<u>ew regi</u>
Name of New Registered Agent:				
New Registered Office Address:	Paris, 19 - 11 - 2 - 11			
	Enter Florida street address			•
	, Flo		•••	
	City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u> </u>	□Remove
			□Change
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an effective date is listed, the date must l	late of filing:	late of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.020
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