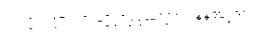
## L33000146998

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## COVER LETTER

	gistration Sect vision of Corpo								
eurmet.		s of North Florida, LLC							
SU <b>BJEC</b> T:		Name of Lim	ited Liability Company						
The enclosed	d Articles of Ai	mendment and fee(s) are sub	mitted for filing.						
Please return	n all correspond	lence concerning this matter	to the following:						
		Nicholas V. Pulignano, Jr.							
			Name of Person		<u>-</u>				
		Marks Gray, P.A.			20. T.				
			Firm/Company	• • • • •	23 A				
		1200 Riverplace Blvd, Sui	te 800		APR 17				
			Address	,					
		Jacksonville, FL 32207			2023 APR 17 PM 3: 25 SECRETAL OF STATE				
		nvp@marksgray.com	City/State and Zip Code		: 25				
			to be used for future annual r	eport notification)					
For further i	nformation con	cerning this matter, please c	all:						
Nicholas V. Pulignano, Jr.			904 807	-2105					
	Name of P	erson	Area Code	Daytime Telepho	one Number				
Enclosed is a	a check for the	following amount:							
<b>≘</b> \$25.00 I	Filing 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)				
	iling Address:	ction	Street Ad Registra	dress: tion Section					
Registration Section Division of Corporations			Division of Corporations						
P.C	D. Box 6327		The Cen	tre of Tallahas	ssee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Visions of North Florida, LLC		
( <u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our red ida Limited Liability Company)	cords.)
he Articles of Organization for this Limited Liability	Company were filed on March 22, 202	23 and assigned
lorida document number <u>L23000146998</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
irecn Visions NFL, LLC		207 3E
e new name must be distinguishable and contain the words "L	imited Liability Company," the designation "l	
nter new principal offices address, if applicable:	<u></u>	E PR
rincipal office address MUST BE A STREET ADI	DRESS)	
		SSO P 11
		TIS CO
nter new mailing address, if applicable:		25 25
failing address MAY BE A POST OFFICE BOX)		
mang unitess MAT DE AT OST OFFICE BOXY		
If amending the registered agent and/or register ent and/or the new registered office address here	· —	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street add	dress
		Florida
<del></del>	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:

	ding Authorized Person(s wed from our records:	s) authorized to manage, enter the title, name, and address of	reach person being added
	Manager = Authorized Member		
<u>Title</u>	Name	Address	Type of Action

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00