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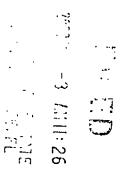
(Requestor's Name)
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,
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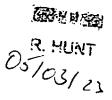
Office Use Only



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COVER LETTER

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TO:

FO: Registration Se Division of Cor				
SUBJECT:G	reen light 365am Name of Lim	z 110		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	William B	O C U Name of Person		
		Sanz LLC Firm/Company		1945 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	227 SW L/th	H ve Address	 .	<u>.</u>
	- Boynton Bea	City/State and Zip Code Samz O.C. 1-19 . Com to be used for future annual report notif	<u> </u>	/// 25
	Cycen/ght30 E-mail address: (Samz O.C. ng//. Com to be used for future annual report notif	fication)	
For further information e	oncerning this matter, please c			
William Pde	O TPerson	at (561) 356 O Area Code Daytime	e Telephone Number	_
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Copy (additional copy)	Status & Y
Mailing Addres Registration S		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632		The Centre of T		
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenlight 315 ans 110

(Name of the Limited Liability C (A Florida Lin	Company as it now appears or mited Liability Company)	n our records.)	•
The Articles of Organization for this Limited Liability Com	:		ind assigned
Florida document number <u>L23000170347</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:	:	
Careen 1 ght 365 sto The new name must be distinguishable and contain the words "Limited	re LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	S(S)	•	-1
			ra iy
		7.5	1 ,
B		- :	ယ . ကရိ
Enter new mailing address, if applicable:		11.11	
(Mailing address MAY BE A POST OFFICE BOX)		77	13
		<u> </u>	26
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	ords, <u>enter the name of t</u>	he new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	Ziţ	o 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.

f Changing Registered Agent, Signature of New Registered Agent

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ctive date, if other than the diffective date is listed, the date must be. If the date inserted in this blockment's effective date on the Department.	be specific and cannot be pr ck does not meet the app	dicable statutory fil		filing.) Pur		
ord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m	on the earlier of: (b) The 90	th day af	fter the
1 10	202	3				
1 Tlpr. 1 19	in Paks					
1 tipril 19	Signature of a member or a	uthorized representati	ve of a member			- -