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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	:СТ:		REEN OR LAND	10 LC	
The en	closed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please	return all correspor	ndence concerning this matter t	to the following:		
		781 Cascadi Orlando, Fl	Name of Person GREEN OKI FIRM Conspany My Creek Land Address 34787 City/State and Zip Code Treewolando @ To be used for future annual report not	ANDOUC	2023 SEP 11 PM12: 40
		E-mail address: (i	to be used for future annual report not	(fication)	0
For fu	ther information co	oncerning this matter, please co			
Bo	dos ava	Valkova Person	at (<u>321</u>) <u>357</u> Area Code Daytin	ne Telephone Number	
Enclos	sed is a check for th	ne following amount:			
□ sa	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of \$ta Certified Copy (additional copy is en	tus &
	Mailing Addres Registration S		Street Address: Registration Se	ection .	

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

	CEN DECANDOL L	<u>.C.</u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L23000 2175</u>	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u> LIVING GREEN	OPLANDO LLC	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	2623 S
Principal office address MUST BE A STREET ADDRE	<u></u>	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Enter new mailing address, if applicable:		PH 12
Mailing address MAY BE A POST OFFICE BOX)		22 40
B. If amending the registered agent and/or registered or agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter th</u>	e name of the new regist
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	City	idaZip 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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other to effective date is listed, th	han the date of fili	ng:	r to date of filing o		ptional) ofter filing) Pursua	nt to 605 020
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cord specifies a delaye	d effective date, but n	ot an effective	time, at 12:01 a.i	n. on the earlier of	(b) The 90th (lay after the
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