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Registration Section TO: **Division of Corporations** SUBJECT: • The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SSionatehealth 12 @gmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 361 6674 Area Code Daytime Telephone Number Enclosed is a check for the following amount: ✓ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

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

TO

TO ARTICLES OF ORGANIZATION OF

OF	<i>1023</i>	
	ASO MAS	1
GREEN ASSETS LLC		
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)	

The Articles of Organization for this Limited Liability Company were filed on June 13, 2023 Florida document number L23000 284956 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed fr	om our records:		
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u> •	Name	Address	Type of Action
MGR	Nishalla Green	17 Pecan Run Way Ucala, Fl 3447	<u>2_</u>
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Filing Fee: \$25.00