## L23000386632

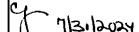
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

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TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

| Sustainably SUBJECT:           | Great, LLC                                   |   |   |
|--------------------------------|--|---|---|
| 30bJEC1                        | Name of Lim                                  | ited Liability Company  | <del></del>   |
| (T)                            |  |   |   |
| The enclosed Articles of       | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo     | ondence concerning this matter               | to the following:   |   |
|                                | Kaila Barker                                 |   |   |
|                                |  | Name of Person  |   |
|                                | <del></del>                                  | Firm/Company  |   |
|                                | 3310 Horseshoe Bend CT                       |   |   |
|                                |  | Address   |   |
|                                | Longwood, FL 32779                           |   |   |
|                                |  | City/State and Zip Code   | · <u>-·</u>   |
|                                | kailabarker@gmail.com                        | to be used for future annual report                                 | notification)   |
| For further information of     | concerning this matter, please c             |   |   |
| Kaila Barker                   |  | 703 629-0016<br>at ()   | )   |
| Name o                         | f Person                                     | Area Code Day   | rtime Telephone Number  |
| Enclosed is a check for the    | he 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 Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres<br>Registration |  | Street Address<br>Registration                                      |   |
| Division of C                  |  | Division of O   |   |
| P.O. Box 632                   |  |   | of Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 ("", 29 7" 7: 25

| Sustainably Great, LLC   |   |   |                           |
|--|---|---|---------------------------|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin   | ompany as it now appears on ited Liability Company) | on our records.)  | <del>_</del> .            |
| The Articles of Organization for this Limited Liability Com Florida document number 1.23000386632  | pany were filed on 8/17/                            | "2023 and   | d assigned                |
| This amendment is submitted to amend the following:  |   |   |                           |
| A. If amending name, enter the new name of the limited   | l liability company here                            | <u>ē</u> :  |                           |
| The new name must be distinguishable and contain the words "Limited  | Liability Company," the desi                        | ignation "LLC" or the abbreviation                            | on "L.L.C."               |
| Enter new principal offices address, if applicable:  | <del></del>   |   | <del></del>               |
| (Principal office address MUST BE A STREET ADDRES  | <u> </u>  |   |                           |
|  |   |   |                           |
| Enter new mailing address, if applicable:  |   |   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |                           |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  | ffice address on our rec                            | ords, enter the name of the                                   | : new registe             |
| Name of New Registered Agent:  |   |   |                           |
| New Registered Office Address:   |   |   |                           |
|  | Enter Floride                                       | a street address  |                           |
|  |   | , Florida   |                           |
|  | •   | Zip C   | lode.                     |
| New Registered Agent's Signature, if changing Registered A   | gent:   |   |                           |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered o | plete performance of m<br>t as provided for in Ch   | y duties, and I am familian<br>capter 605, F.S. Or, if this a | r with and<br>document is |

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> | Name          | Address                                    | Type of Action |
|--------------|---------------|--|----------------|
| CEO          | Joshua Barker | 3310 Horseshoe Bend CT, Longwood, FL 32779 | ■Add MGR       |
|              |               |  | □Remove        |
|              |               |  | □Change        |
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| ffective date, if other than th   | ust be specific and cannot be prior block does not meet the applications. | able statutory filing requiren | (optional)  days after filing.) Pursuant to 605.02 nents, this date will not be listed |
| ote: If the date inserted in this b   | Department of State's records   |                                |  |
| an effective date is listed, the date mo<br>lote: If the date inserted in this b<br>ocument's effective date on the I           | Department of State's records.  |                                |  |
| <b>Tote:</b> If the date inserted in this be occument's effective date on the I   |   | me, at 12:01 a.m. on the ear   | lier of: (b) The 90th day after th   |
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| Tote: If the date inserted in this becoment's effective date on the I record specifies a delayed effection is filed.            | ve date, but not an effective til   |                                | lier of: (b) The 90th day after th   |

Filing Fee: \$25.00