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A. PARISHANI OCT 0 7 2023

DocuSign Envelope ID: 98C65019-7453-4EA9-B2DF-DE4C6F0A94AD COVER LETTER

	th Street S LLC		
SUBJECT:	Name of Lim	ited Liability Company	
			202
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2023 5 :17
Please return all correspondent	ondence concerning this matter	to the following:	. 25
	Daniel Fisher		
		Name of Person	`
	The Greeen House Corpor	ation	-4
		Firm/Company	
	51 Coffeen Avenue, Suite	101-283	
		Address	
	Sheridan, WY 82801		
		City/State and Zip Code	
	accounts@thegreeenhouse.c		· · · · · · · · · · · · · · · · · · ·
For further information (ri-mail address: (i concerning this matter, please ca	to be used for future annual report not	ification)
Daniel Fisher	oneoning and matter, prease of	305 363-1081 E	xt l
Name (of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 98C65019-7453-4EA9-B2DF-DE4C6F0A94AD ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TGHFL 9TH STREET SILLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8-17-2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TGHFL 89 9TH STREET SILLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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.

Enter Florida street address

. Florida

DocuSign Envelope ID: 98C65019-7453-4EA9-B2DF-DE4C6F0A94AD in 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 1	Address	Type of Action
			□Add
			□Remove
			. 2
			□Remove 11 72 □Change
			□Add
			□Remove
			☐ Change
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			□ Change
			□ Add □ Remove
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			□Remove
			Change

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	FF 12:
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fective date, if other than the date of filing: (op	tional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	ter filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, to be determined to be stated as the determined of the state of the determined of the det	ms date will not be fisted a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
is filed.	
September 18th 2023	
tted	
59A90B183AC6498	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00