L23000477266

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COVER LETTER

Division of Co	rporations		•
	ids Products LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joan Nesbitt		
		Name of Person	
	Redworth Capital LLC		
	Firm/Company		
	868 W Street Rd. Unit 40:	5	
		Address	
	Warminster, PA 18974		
		City/State and Zip Code	<u> </u>
	jnesbitt@mennenmedical.co	om to be used for future annual report notific	estion)
For further information of	concerning this matter, please ca		canony
Joan Nesbitt	, , , , , , , , , , , , , , , , , , ,	215 259-1028	
	<u> </u>	at (Telephone Number
Name (of Person	Area Code Daytime	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)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	:

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

Registration Section

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

Green Minds Products LLC

(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 Compared Florida document number <u>L23000477266</u> .	ny were filed on 10/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Green Mind Products LLC		
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2993
(Principal office address MUST BE A STREET ADDRESS)		22
Trincipal office and can receive the recei		AC
		· · · · · · · · · · · · · · · · · · ·
Passa and malling address if applicables		TD
Enter new mailing address, if applicable:		့
(Mailing address MAY BE A POST OFFICE BOX)		<u>ω</u>
		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street addr	
		Olouido.
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ager		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	gree to act in this capacity. L te performance of my duties, s provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is
If Ci	nanging Registered Agent, Signature	e 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Att	ach additional sheets, if necessary.)
	· <u> </u>
	
	
	
	
	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at record is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 25th 2023 . Adely log c Signature of a member or authorized re	
Rignature of a member or authorized re	presentative of a member
Angelia Adzic	
Typed or printed name	of signee

Filing Fee: \$25.00