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	gistration Sec vision of Corp			
CHD IFCT.	GREEN HO			
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		M. SCOTT KLEIMAN, E	SQ.	
			Name of Person	
		KALIS, KLEIMAN & WO	DLFE	
			Firm/Company	
		7320 GRIFFIN ROAD, SU	ЛТЕ 109	
			Address	
		DAVIE, FL 33314		
		-	City/State and Zip Code	
		SCOTT@KKLAW.US		
		E-mail address: (to be used for future annual report	notification)
For further i	nformation co	ncerning this matter, please ca	all:	
M. SCOTT KLEIMAN, ESQ.		954 791-047		
· · · · · ·	Name of	Person	at () Area Code Da	ytime Telephone Number
Enclosed is	a check for the	following amount:		
≅ \$25,00	Filing Fee	S30.00 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)
<u>M</u> :	illing Address	<u>:</u>	Street Address	<u>s:</u>

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN HORNET LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000153305</u> .	were filed on MARCH 29	. 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	uddress on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_, Florida
	City	Zip 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.

-DocuSign Envelope ID: 69BC8D5C-B400-45B2-8EB5-C2EDFE09549B 11 amending Authorized rerson(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	Name	<u>Address</u>	Type of Action
MGR	BAILEYS HOLDING LLC	1529 NE 28TH DRIVE	⊒ Add
		WILTON MANORS, FL 33334	□Remove
			□Change
MGR	BAILEYS HOLDINGS LLC	1529 NE 28TH DRIVE	□Add
		WILTON MANORS, FL 33334	■ Remove
			□Change
			□Add
			Remove
			Change
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Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	6/14/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00