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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THORPE'S CONSULTING SYSTEMS, INC.

Account Number : I20050000069 Phone : (407)352-8514 Fax Number : (407)540-9620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TONYEACAA@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN VALLEY WELLNESS LLC

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K. SALY

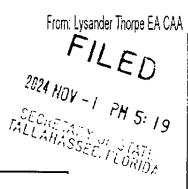
NUV - 4 2021

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Green Valley Wellness LLC		SEC. Pion
(Name of the Limited Liability (A Florida)	y Company as it now appears on or Limited Liability Company)	ir records)
The Articles of Orga tization for this Limited Liability Co Florida document number L24000253754	ompany were filed on June 4.2	224 and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:	<u>,</u>	
(Principal office address MUST BE A STREET ADDRE		
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:	office address on our records	enter the name of the new registered
Name of New Registered Agent		
New Registered Office Address::		
	Enter Florida stree	t uddress
		, Florida
	Ciţv.	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.

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	Name	Address	Type of Action
AMBR.	Edward White	3035 Pinder Ct, Orlando Fl 32811	≅ Add
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ective dute, if other the neffective date is listed, the d te: If the date inserted in nument's effective date on	this block does no	t meet the applica	iole statutory filing	requirements, this	nal) iling.) Pursuant to 605.0207 (3 date will not be listed as the
cord specifies a delayed e s filed.	ffective date, but n	iot an effective ti	me, at 12:01.a.m/ c	on the earlier of: (b)	The 90th day after the
October 28		[2024;			
<u>-</u>	1/10	-· -	*****		
p flor	Signature of	a mamhas as anti-	rized representative	۸۲۵ - -	