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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRUCKING PERMITS AND MORE LLC

Account Number : I20140000047 Phone : (813)774-4726 Fax Number : (813)877-2186

**Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please.*₹ ☒️ (⊓

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GREEN AMAZONITE LLC

Certificate of Status	0
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T. LEMIEUX

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COVER LETTER

TO:	Registratio Div <mark>ision</mark> of	n Section Corporations		ŗ			
SUBJEC	GREEN	GREEN AMAZONITE LLC:					
7	·· ———	Name of	Limited Liability Company				
The enclo	sca Articles	of Amendment and fee(s) are	submitted for filing.				
Please ret	um ali corre	spondence concerning this ma	tter to the following.				
		LISA M, ROSARIO N					
			Name of Person				
		GREEN AMAZONIȚI					
			Firm/Company	***************************************			
		1102 Ray Charles Blvd					
			Address	- Angeling day of the second second deposits deposits			
		Tampa, FL 33602					
		lisamaria1220@gmail.co	City/State and Zip Code				
			s: (to be used for future annual teport no	utication)			
For further	information	concerning this matter, please					
LISA MAI	UA ROSAI	RIO MELENDEZ	646 963-4698				
	Name	of Person	at () Arva Code Daytin	ne Telephone Number			
inclosed is	a check for	the 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)			
Re Di P.O	Box 63.	Section Corporations	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monrot Tallahassee, FL	porations allahassee e Street, Suite 810			

Page: 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN AMAZONITE LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny ay it nosy appeary on our re lability Company)	<u>60011</u> 3°)
The Articles of Organization for this Limited L. Florida document number 1.24000271705	iability Company	were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	voids "Limited Liahi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1102 Ray Charles Blvd	
(Principal office address MUST BE A STREE		APT 225	
Principal Office duties (3) CST W. V. V. V.		Tampa, Fl. 33602	
Enter new mailing address, if applicable:		1102 Ray Charles Blvd	2024 OCT
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33602	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records, g	enter the name of the new covisters
Name of New Registered Agent:	ROSARIO ME	ELENDEZ, LISA M	
_	1102 RAY CE		
Name of New Registered Agent: New Registered Office Address:		Enter Florida street	address
	TAMPA		Florida 33602
		City	Zip Cede

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 Changing Registered Agent, Signature of New Registered Agent

Page: 6 of 7 2024-10-24 20:40:43 GMT 18132001059 From Indexing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	SANDRA MILENA ZABALA	1102 RAY CHARLES BLVD	
		APT 225	
		TAMPA, FL 33602	CRemove
		(740) A. P.L. 53002	LlChange
			Dadi
			[JRemove
			©Change
			DAdd
			DRemove
***************************************			i⊐Add
			DRemove
			©Change
			GRemove
			[]]Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	

-		
Note: II	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste at's effective date on the Department of State's records.	020°
record d is filer	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
)ated	0/23 2024	
	Signature of a menuber of anthorized representative of a member	
	" Letter "	
	LISA MARIA ROSARIO MELENDEZ	