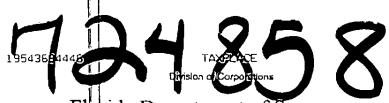
11/16/2017 05:38 11/16/2017



PAGE 01/05

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000303543 3)))



H170003035433ABC-

Note: DO NOT hit the RBFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name

: GOTO ENTERPRISES LLC -

Account Number

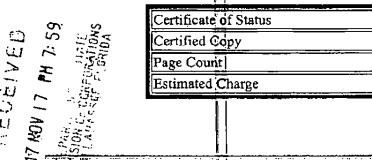
: **1201600000055**

Phone Fax Number : (954)369-4444 : (954)369-4446

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CRYSTAL GREENS NORTH INC



Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

0

\$35.00

NOV 20 2017

19543694446

FEEL

2017 NOV 17 AM 10: 27 .

to Articles of Incorporation

		lο	
Crystal Greens North Inc			ž.,
(Name of Corporation	as current	ly filed with the Flori	ida Dept. of State)
724858			
(Docum	nent Numbe	er of Corporation (if kn	южп)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:			r Profit Corporation adopts the follow
A. If amending name, enter the new name of the	e corporati	<u>on;</u>	
			The n
name must be distinguishable and contain the word	l "corporati	ion" or "incorporated	" or the abbreviation "Corp." or "Inc
"Company" or "Co." may not be used in the name	<u>c</u>		
B. Enter new principal office address, if applica	ible:	101 NE 30th St	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	Boca Raton, FL 3343	1
<u> </u>			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	101 NE 30th St	
· [:]		Boca Raton, FL 3343	1
 If amending the registered agent and/or registered agent and/or the new registered. 	stered office	<u>e address in Florida, i</u> Idraec:	enter the name of the
dely reported agent appror the new register			
Name of New Registered Agent:	Pedro P M	artinez	
<u> </u>	101 NE 30	th St	
<u> </u>	-	(Flo	orida street address)
New Registered Office Address:			
!	Boca Rato	n	, Florida
		(City)	(Zip Code)
 New Registered Agent's Signature, If changing F	Zanteravad	Å cent:	
I hereby accept the appointment as registered agen	it. Lam fan	nitiar with and acted to	the Abligations of the position.
		Mion	trof
	Sig	gnature of New Registe	ered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)
Please note the offices/director title his the first letter of the office title:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X. Change X. Remove X. Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title	Yan	<u>ıc</u>		<u>Addres</u> s
1) Change					
Add					
Remove					
2) Change		_ 11			
Add					
Remove		1			
3) Change		_			
Add					
Remove) - -			
4) Change		_ <u> </u>			
Add					
Remove					
5) Change		_]			
Add		 			
Remove					
6) Change		_			
Add					
Remove			Pag	c 2 of 4	

1/16/2017	05.38	19543694446
11/10/2017	UD. 30	13343634446

TAXPLACE

PAGE 04/05

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	<u> </u>
·	
·	
	K
	¥ 1
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
·	

Page 3 of 4

	e date of each amendment(s) adoption:	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after omendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approvat.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 11-16-17	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Geraino Ditz	
	(Typed or printed name of person signing)	
	- Hresident	
	(Title of person signing)	