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COVER LETTER

Division of Corporations
SUBJECT: GReen Earth Beverage Systems LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bonnie Rubbins Name of Person
Geen Earth Beverage Systems Lic Firm/Company 1 6453 W. Rogers Circle #5-7
6453 W. Rogers Circle #5-7
Boca Raton, FL 33487 City/State and Zip Code
Sales @ greenearth beverage. com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnie Robbins at (561) 206-6393 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS: -

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GReen Earth Beverage Systems 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 Comp. Florida document number	any were filed on May 1, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
(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 registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	_	17 Aug - 7 Au 7.
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If	Changing Registered Agent, Signature of Ne	:w Registered Agent

f 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 Address **Type of Action** Citle Name SCOTT Bishins 3847 Landings DR. DAdd Boca Raton, FL 33496 Remove ☐ Change 3396 NW 53 Rd Circle MICHAEL BLOOM Boca Raton Fl 33496 AREMOVE ☐ Change 3396 NW 53 Rd Circle Wadd AGR STEVEN BLOOM Boca Raton, FL. 33496 Remove ☐ Change EUGENE KOMISHOOK 19508 BARLETTA WINDS POINT PANDE MGR Delray BeacH, FL 33496 Remove ☐ Change ☐ Remove □ Change □ Add ☐ Remove

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Filing Fee: \$25.00