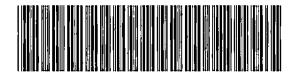
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Special Instructions to Fil	ling Officer:	
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## **COVER LETTER**

Division of Corp			•
GYPSY	APOTHECARY LL	.C	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Yanko Findzhikov		
		Name of Person	
	GYPSY APOTHECARY	LLC	
		Firm/Company	
	3540 S Orange Ave		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	
	findzhikov@gmail.com		
	E-mail address: (	to be used for future annual rep	oort notification)
For further information c	oncerning this matter, please ca	all:	
Yanko Findzhikov		321 747	5532
No.	f Person	at () Area Code	Daytime Telephone Number
Name o	r rerson	Alta Coot	Traysmic recognition removes
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited L. Florida document numberL1300005963	iability Comp			and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited	liability company here	<b>:</b>	
Gypsy Crystals LLC				
he new name must be distinguishable and contain the v	vords "Limited I.	iability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:		N/A		2019.
Mailing address MAY BE A POST OFFICE	BOX)			C +
	<del></del>			9
				P :-
<ol> <li>If amending the registered agent and registered agent and/or the new registered or</li> </ol>			our records, <u>enter</u>	the native of th
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	street address	
	N/A		, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CYDEY ADOTHECADY I.C

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
· N/A	N/A	N/A	
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<u>Note:</u> If documer	the date inserte	ed in this block te on the Depa	k does not a artment of !	meet the ap State's reco	plicable st ords.	atutory filir	ig requirer	nents, this	date will r	iot be listed
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Filing Fee: \$25.00