L14000010151

(Re	equestor's Name)	_
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	w <u>r</u>	cover letter	•
TO: Registration S Division of Co	ection	?	C o ∳
SUBJECT:	Massy Riv	ed Liability Columny	<u>ic</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Eric 1	Name of Person	
		Firm/Company	
	717	Ne 62 St Apt =	# C-108
	Miami,	F/33138 City/State and Zip Code	
	E-mail address: (a incole @ 9 Mail - a to be used for future funnual report notificat	COY ion)
For further information of	concerning this matter, please c	all:	
	Mainade	at (<u>786</u>) <u>942</u> – Area Code Daytime Te	6972 lephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETART OF STATE TALLAHASSEE, FLORIDA

Chrassy (Liver	Organic,	LLC
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>rus.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000010151</u> .	were filed on $2/21/2$	OIY and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile and end with the words Limit "L.L.C."		nation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	777 NO (30 Apt # C-10 MIAMI, F)	2 SI 38 ,33138
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 NR 62 DOT # 1-10 MIAMI, F/	St 08 ,33138
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City , Flor	ida 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member <u>Title</u> Type of Action **Address** Name 1 Juan Hernandez MGR 777 NO GZ St HPt #2+08 Add MIAM1 F1 37134 Remove MGR Eric Mainade 777 Ne OR St AP #C-108 VAdd Miami, F/ ,33138

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Effectiv	e date, if other than the date of filing:
	e date, if other than the date of filing:
ted <u> </u>	131/2014
	Signature of a member or authorized representative of a member
	Eric Mainade
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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