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Certified Copies	Certificates of	of Status
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Buchet Gand USA LC 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:
Maurice Stewart Sr. Name of Person
Rudict Good USA U.C. Firm/Company
1217 Whitney St Address
WPB FI 33401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Maria at (Sul) 370 - 49108 Name of Person at (Sul) 370 - 49108 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{25}\$ \$25.00 Filing Fee
(additional copy is enclosed)

MAILING ADDRESS:

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 4-14-14	and a	ssigned
Florida document number L140000 o 1038.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
Same and the same of the marked hability company here.		
The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the	e abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
If amending the registered agent and/or registered office address on our records, ente	r the name	of the new
registered agent and/or the new registered office address here:	ASS -	
	- 100 - 1 00 - 1	•
Name of New Registered Agent:		
New Registered Office Address:	ARY SSE	
Enter Florida street address	79 2	
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City	370 CA	?

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** 6557 Gordon Rd 410 Maurice Stewart MGR ☐ Add Liviera Boh F1 33404 6557 Garden Rd #10 0 Add Michael Madaw MGR Riviera Boh Fl 33404 ☐ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
-	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the filed date and cannot be prior to date of the filed date and cannot be	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State) Dated	
M	
Signature of a member or authorized representat	tive of a member
maurical Stewart	

Page 3 of 3

Filing Fee: \$25.00

14 OCT 30 AM 9: 26
SECRETARY OF STATE
TALL AHASSEE FLORE