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COVER LETTER

TO: Registration S Division of Co				
Green Spir	it Cosmetics LLC	·		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:	•4	
	Ismael E Gago		ÄLLÄH	2019 J.PR - 1 12 b: 20
		Name of Person	AH XSS	; ====================================
	Green Spirit Cosmetics Ilc		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		" ('
	2934 SE 1st Drive		Lektia A	o: 20
		Address	7-11	
	Homestead FL 33033			
	i.gago07@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		
Ismael E Gago		305 744 2947		
Name o	of Person		Telephone 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)	☐ \$60,00 Filing F Certificate of a Certified Copy (additional copy i	Status & y
	ING ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Spirit Cosmetics LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on and assig and assig	gned
Florida document number L14000115434		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
Aspen Moving Solutions LLC	2919	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L	[]
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		₁]
<u>-</u> -		
	□	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name o	f the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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

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** _□ Add _□ Remove ☐ Change □ Add TALLAHASSIEL FLORIDA رج Remove :::; ::5 Change Ŭ **D**-Add N _☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

_□ Add

☐ Remove

_ Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or lote: If the date inserted in this block does not meet the applicable statutory fili ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
The 90th day after the record is filed. Pated $03/20/3$	ve of a member

Page 3 of 3

Filing Fee: \$25.00