## 116000038761

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PICK-UP	☐ WAIT	MAIL		
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2017 HAY 26 AM IO: 12 SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
CFID I	GO GREEN	N CAFE LLC	<del>;</del>	
SUBJ	ECI:	Name of Lim	ited Liability Company	·····
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		JERRY GUARCH		
			Name of Person	
		GMG FITNESS HOLDIN	GS LLC	
			Firm/Company	
		2020 NW 129TH AV #204	4	
			Address	
		MIAMI, FL 33182		
			City/State and Zip Code	
		JGUARCH@GOGREEN.C		
			to be used for future annual report n	otification)
For fu	rther information co	oncerning this matter, please co	all:	
JERR	Y GUARCH		786 456-1657 at ()	
	Name of	Person	Area Code Days	ime Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>=</b> \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

GO GREEN CAFE LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 02/24/2016	and assigned
Florida document number L16000038761		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 S 20
Principal office address MUST BE A STREET ADDRESS)		
		PS N mage
		SSE 6
nter new mailing address, if applicable:		W 26 AN
	· · · · · · · · · · · · · · · · · · ·	ORA C
Mailing address MAY BE A POST OFFICE BOX)		DE N
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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
MRG	ABIGAYLE K GUARCH	2020 NW 129TH AVE #204	<b>⊟</b> Add
		MIAMI, FL 33182	□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
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		· · · · · · · · · · · · · · · · · · ·	
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