L16000139582

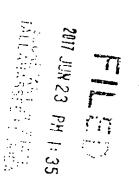
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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WARRIE

COVER LETTER

	Division of Cor			
CHD IV	EL CHUZO			
SOBJEC	C1:		ted Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		LUIS GILER		
			Name of Person	
		EL CHOZO LLC		
			Firm/Company	
		3061 NE 49TH ST APT 16		
			Address	
		FORT LAUDERDALE FL	.33308	
		EUISGILER85@GMAIL.C	City/State and Zip Code OM	
		E-mail address: (t	o be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	dl:	
LUIS G	ILER		813 7651228 at ()	
	Name of	Person	at () Area Code Daytime ^	Felephone Number
Enclosed	J is a check for th	e following amount:		
■ \$2 5.	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2017

LUIS GILER 3061 NE 49TH ST APT 16 FORT LAUDERDALE, FL 33308

SUBJECT: EL CHUZO LLC Ref. Number: L16000139582 2017 JUN 23 PM I

We have received your document for EL CHUZO LLC and your check(s) totaling = \$25.00. However, the enclosed document has not been filed and is being creturned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00010506

MECETVED

2017 JUN 23 PM R: 14

SECRETARY CLARE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELCHUZOTLC (<u>Name of the Limited</u> (7	Liability Compa	ny as it now appear	s on our records.)	
- (/	\ Florida Limited I	Liability Company)		
he Articles of Organization for this Limited Lia forida document number		were filed on	25/2016	and assigned
nis amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company he	e <u>re</u> :	
BE ORGANIC YOU LLC				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company." the d	esignation "LLC" or the ab	obreviation "L.L.C."
inter new principal offices address, if applica	hle:	3061 NE 49TH	STAPT 16	
Principal office address MUST BE A STREET ADDRESS)		FORT LAUDER	RDALE, FL 33308	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3061 NE 49TH	ST APT 16	UN 23
		FORT LAUDEF	CDALE, FL 33308	<u> </u>
				3-15
				ည်း ယူ
 If amending the registered agent and/o egistered agent and/or the new registered off 	•		our records, <u>enter</u>	
Name of New Registered Agent:	LUIS GILER			
New Registered Office Address:	3061 NE 49TH	STAPT 16		
150.1. Toggitteled Office Fladicis.		Enter Flor	ida street address	
	FORT LAUDE	RDALE	, Florida ³³	308
		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. Hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			
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ective date, if other than reflective date is listed, the date	the date of filing:		(optio	nal)
reflective date is listed, the date te: If the date inserted in thi	must be specific and cannot is block does not meet the	be prior to date of filing or e applicable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605.02 date will not be listed
rument's effective date on th	ie Department of State's	records.		
record specifies a dela	iyed effective date, l	but not an effective	e time, at 12:01 a	.m. on the earlier
he 90th day after the	record is filed.			
he 90th day after the		<i>(</i>)		
he 90th day after the 06/20/2017		γ		
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%/20/2017		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Je-	2817 J
%/20/2017	Signature of a member	a authorized representati	ye of a member	2 > 2
he 90th day after the	Signature of a member	animorized representati	ve of a member	Z#IT JUN 23

Filing Fee: \$25.00