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COVER LETTER

Division of Co	rporations			
Gauche Co SUBJECT:	eur			
SUBJECT:	Name of Lim	ited Liability Company		
The englaced Amielse of	· A d d d (-)	using d Co. Clina		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Marcus Anthony Alonzo	Mitchell Jr		
		Name of Person		
	Gauche Coeur			
		Firm/Company		士 至空
	5240 N woodcrest Dr			16 DEC 15
		Address		5
	Winter Park / FL 32791			EC 15 PH 4: 05
	-	City/State and Zip Code		#: O
	GaucheCoeur@gmail.com	to be used for future annual report notifi	antion)	<u> </u>
For further information c	concerning this matter, please c	•	cation)	
Amy Dempsey	,,	301 848-4227		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	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 If Certificate of Certified Cop. (additional copy	Status &

MAILING ADDRESS:

TO:

Registration Section

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

Gauche Coeur		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L16000149052 .	ny were filed on August 09, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	رسر. ري موجد
Enter new principal offices address, if applicable:	9-11-W-1-WITTE	5 [1]
Principal office address MUST BE A STREET ADDRESS)		号 意
		5
		교
nter new mailing address, if applicable:		# 6 F
Mailing address MAY BE A POST OFFICE BOX)		3 5
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:	mar - 1	
	Enter Florida street address	
<u></u> -	, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marcus Anthony Alonzo Mitchell J	5240 N Woodcrest Dr	□ Add
			□ Remove
MGR	Fredrick Mango	207 Harry S Truman #33 UpperMa	□ Add
			□ Remove
			☐ Change
MGR Amy	Amy Dempsey	5240 N Woodcrest Dr Winter Park	6 10 10 10 10 10 10 10 10 10 10 10 10 10
			Remove
			Change
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Effectiv	re date, if other than the date of filing:	d)	
(If an effect	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	ng.) Pursuant to 605.0	207 (3
docume	f the date inserted in this block does not meet the applicable statutory filing requirements, this dant's effective date on the Department of State's records.	ie will not be listed	i as in
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	ı. on the earlier	of:
	90th day after the record is filed.		
Dated _	My a My M. Signature of a member or authorized representative of a member.		
	\cdot		
	00. 0		

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Typed or printed name of signee

Filing Fee: \$25.00