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(Requ	restor's Name)	
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(City/:	State/Zip/Phone #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Fi	iling Officer:	

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T SCHROEDER

COVER LETTER

TO: Registration Sec Division of Corp			
GS PO	T VEGAN LIFESTYLE L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		MARIUSKA BRITO	
		Name of Person	
	BRITO '	TAX AND ACCOUNTING CORP	
	·	Firm/Company	
		8217 SW 147TH CT	
		Address	
		MIAMI FL 33193	
		City/State and Zip Code	
		OTANCORP@GMAIL.COM to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca	•	
MARIUSKA	BRITO	786 354-7694	
Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	SG ADDRESS: ion Section	STREET/COURIE 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

G'S POT VEGAN LIFESTYLE LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/21/2018	and assigned
Horida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :	
NOT APPLICLABLE			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NOT APP	LICABLE	<u>5</u>
Principal office address MUST BE A STREET ADDRESS)			18 11.0
			26
Enter new mailing address, if applicable:	NOT AF	PLICABLE	220 1
Mailing address MAY BE A POST OFFICE BOX)	,		3 3
			35 5
			(D)
3. If amending the registered agent and/or registered of	Tice address on	our records, e	-
egistered agent and/or the new registered office address here	<u>e</u> :	_	
Name of New Registered Agent: NOT API	PLICABLE		
New Registered Office Address:			
	Enter Flor	ida street address	
		, Floric	ta .
	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, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	PHYLLIS A. BIOSI	14042 CT RT 75 ADAMS NY 13605	= Add
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of fil <u>ate:</u> If the date inserted in this block does not meet the applicable statute	ting or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be lis	15.02 ited a
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effe- The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl	ier
the sour day after the record is med.		
and the same of th		
ated		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00