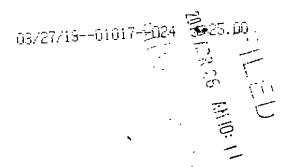
L19000052016

(Req	uestor's Name))
(Addi	ress)	
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(City)	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to F	iling Officer:	

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I ALBRITTON

COVER LETTER

ТО:	Registration Sec Division of Corp	ction porations [*]	is the second			
SUBJE		GANIX, LLC		•		
SUBJE	CI	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please n	eturn all correspo	ndence concerning this matter	to the following:			
		Carlos F. Robles				
			Name of Person			
		GIGI'S ORGANIX, LLC				
			Firm/Company			
		1000 NW 1st Ave, STE14				
		-	Address			
		BOCA RATON, FL 33432				
		cfrobles@mac.com	City/State and Zip Code	.		
		//	to be used for future annual report nour	ication)		
For furt	her information co	oncerning this matter, please ca	all:			
Carlos	F. Robles	Moses	954 937-4017 at ()			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclose	d is a check for th	e 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)		

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

April 6, 2019

CARLOS F. ROBLES 1000 NW 1ST AVE STE. 14

BOCA RATON, FL/33432

SUBJECT: GIGI'S ORGANIX, LLC

Ref. Number: L19000052016

gned of Kerumed

We have received your document for GIGI'S ORGANIX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please sign the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00006907

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIGI'S ORGANIX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company wen	e filed on ²⁻²¹⁻¹⁹	and assigned
Florida document number L19000052016			
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	No change	
(Principal office address MUST BE A STREE	T ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our records,	enter the name of the ne
Name of New Registered Agent:	No cham	ge	
New Registered Office Address:		Enter Florida street address	
			rida
		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.

No charige

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
MGR	DEIRDRE R. SOURS	1000 NW 1ST AVE, STE 14 BOCA RATON, FL 33432	■ Add
			Remove
			Remove
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			□ Remove
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	2-21-19	1		
tive date, if other than th ffective date is listed, the date m		prior to date of filing or	more than 90 days after f	
If the date inserted in this t ment's effective date on the I	lock does not meet the ap	plicable statutory fil		
cord specifies a delaye e 90th day after the re		not an effective	time, at 12:01 a	m. on the earlier
c sour day after the re	cord is illed.			
MARCH 20	2019	<u></u> •		
	Carlos K	0.60.		
	Carlos R	oous 🞢		

Typed or printed name of signee