L19000139559

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2023 MAR - 6 AM III: 47

COVER LETTER

	tration Sect					
	GOOD TIME	E SPREAD AND DIP LLC				
SUBJECT: _		Name of Lim	nited Liability Company		•	
The enclosed A	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return a	ll correspond	dence concerning this matter	to the following:			
		Shlomo Bentov				
			Name of Person		_	
			Firm/Company			
		3501 NE 163rd Street	типесдану		2023 MAR *	<u> </u>
			Address		- ; : 6	~~~~
		North Miami Beach, FL 3.			AHII: 47	
		tov0921@gmail.com	City/State and Zip Code		: 47	
E 6 4 1 6			to be used for future annual report notif	ication)		
Helana Balkin		cerning this matter, please c	an: 305 985-0330			
	Name of F	Person	at () Area Code Daytime	: Telephone Numb	eer	
Enclosed is a c	heck for the	following amount:				
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)	.

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOD TIME SPREAD AND DIP LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Conflorida document number L19000139559	npany were filed on 05/24/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		on The
		記言
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	
	City	FloridaZip 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>	Address	Type of Action
AMBR	Eros Global, LLC	2633 Park Lane	= Add
		Hallandale Beach, FL 33009	□Remove
			□ Change
AMBR	Ivis Georgina Duluc Rizek	3501 NE 163rd Street	≣ Add
		North Miami Beach, Fl. 33160	□Remove
			Change Change Change Add Remove AH Change
			☐ Add
			□Remove
			□Change
			Remove
			Change
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lote: If the date inserted in this bloocument's effective date on the Defective date on the Defective date on the Defective date of	epartment of State's records. e date, but not an effective ti	me, at 12:01 a.m. on the e.		