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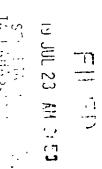
(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

ro:	Registration Sec Division of Corp		•	
	SHADY BE			
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please r	return all correspon	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		Daytime Telephone Number See & S60.00 Filing Fee. Certificate of Status &
			Firm/Company	
		17350 STATE HWY 249 S	TTE 220	
			Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.CO	City/State and Zip Code M	
		E-mail address: (t	o be used for future annual report notific	eation)
For furt	her information c	oncerning this matter, please ca	ill:	
MARS	HA SIHA			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

SHADY BEAR LLC	
(<u>Name of the Limited Liability Company as it now ar</u> (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number 1.19000170301	n 06/28/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ı <u>y here</u> :
GANJA GUT LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	I
Principal office address MUST BE A STREET ADDRESS)	7.67
Timespar office datases (4057 bill 14 5) ANDEL 14 15 15 15 15	2 - F 11
	72-
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, <u>enter the name of the</u>
New Registered Office Address:	
T	r Florida street address
	, Florida
City	Zin 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>	<u>Address</u>	Type of Action
AMBR	ROBERT KAUFMAN	2035 ISLAND CIRCLE	
		NUTSTRONG CO. 2022	= Add
		WESTON, FL 33326	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
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ective date if other than t	he date of filing:	(0	ntional)
reflective date is listed, the date in this te : If the date inserted in this	must be specific and cannot be prior	to date of filing or more than 90 days able statutory filing requirements.	ifter filing.) Pursuant to 605,020
record specifies a delay he 90th day after the r	ed effective date, but no ecord is filed.	t an effective time, at 12:0	1 a.m. on the earlier o
eded	2019		
		orized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00