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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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10/17/19--01008--017 **25.00

019 (117 PH 7: 36

MONOTES

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Get ChoGreal Up	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Justin	Nguyen Name of Person	
	GeH	Name of Person ChoGrine Up LLC Firm/Company	
	1461	Lake Parkway Drive Address	
		At Claub, FL 347 City/State and Zip Code	
	E-mail address: (6 getchouring on com	lication)
For further information c	oncerning this matter, please ca	all:	
	Nauxea f Person	at (<u>\$4.0</u>) <u>970 - 2</u> Area Code Daytime	454 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GetCh	CARREDP LLC 2019 C. 7.17 PH 7: 36
(Name of the Limited	A CATALOP LLC 2819 C. 7.17 PH 7: 36 A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>LI9</u> ののよって	bility Company were filed on $9/9/19$ and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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, 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
MGR	Justin Lyuxen	1461 Lake Perkusy Prine	🗆 Add
		Suint Clark, IFL 34771 US	☐ Remove
	_		Change
CCO	Michelle Bultman	1461 Lake Perking Orice	
		Scint Cloud, FL 34771 US	Remove
			Change
(MO	Gury A Pusher	2201 Pennsylannis Avenu	
		AP+ 813	Remove
		Philadelphic, PA 19130 US	Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	October 15th 2014.
	Of my
	Significate of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00