## L200000 96242

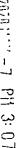
(Requestor's Name)
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## **COVER LETTER**

TO: Registration S Division of Co			
	IFE GOODS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CHAD SEIMER		
		Name of Person	<del></del>
	GREEN LIFE GOODS, L	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
	1432 LOBELIA DR		
		Address	
	LAKE MARY, FL 32746		
	jjtopproducts@gmail.com	City/State and Zip Code	
		to be used for future annual report notification)	<del></del>
For further information	concerning this matter, please c	all:	
CHAD SEIMER		407 252-3980 at()	
Name	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GREEN LIFE GOODS, LLC

20201: "-7 PH 3: 07

(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 Liability Company	were filed on	and assigned
Florida document number L20000096242		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	Сііу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

## 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 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	CHAD SEIMER	1432 LOBELIA DR.	
		LAKE MARY, FL 32746	□Remove
			■Change
AMBR	JOHN CONDE	14155 ISLAMORADA DR	<b>=</b> Add
		ORLANDO, FL 32837	□Remove
		<del></del>	Change
			🗆 Add
			🗀 Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
		<del></del>	□Remove
			□Change

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ffective date, if other than th	e date of filing	;:		(optio	nal)
an effective date is listed, the date motore: If the date inserted in this h	ust be specific and block does not n	cannot be prior to reet the applicab	date of filing or m	ore than 90 days after f	iling.) Pursuant to 605,0201
ocument's effective date on the I					
record specifies a delayed effecti d is filed.	ve date, but not	an effective tim	e, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
MAY 4		2020			
ated Art 4	<del></del> ·	·			
Chn		استراكس با	zed representative		
	Signaturco a n	nember of authori	zed representative	of a member	

Typed or printed name of signee