W230000 12915

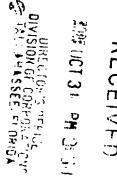
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PICK-UP	WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>GreenGu</u>	M, INC.	<u>-</u>	
DOCUMENT NUMBER: N23000	12915		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Sunja Leon			
J	(Name of Contact Perso	on)	
NIA			
,	(Firm/ Company)		
53 NW 106TH S	To		
	(Address)		
Miami Shores I Fl	OY CO 2	315	50
MOKY MU GROUP Q CMY	City state and 21p coc		1)
For further information concerning this matter, please	•		•
Sunia Leon	at	786) 234-9739
(Name of Contact Person) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
the state of the state of	0		

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

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Articles of Amendment to

N230000 12915 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation	3 1177 31 Fil 5: 3
N230000 12915 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation	· .
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i>	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i>	
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation	
amendment(s) to its Articles of Incorporation:	adopts the following
A. If amending name, enter the new name of the corporation:	
Green Gum, INC.	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	
B. Enter new principal office 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)	
). If amending the registered agent and/or registered office address in Florida, enter the name of the	h <u>e</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:	
, Floric	la
(City) (Zip	Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	position.
NIA	
Signature of New Registered Agent, if changin	ng

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

* (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add				
Remove				
2) Change Add				
Remove 3) Change Add Remove		<u> </u>		
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove				
E. If amending or addin (attach additional shee			inge(s) here:	

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·	
	<u> </u>
The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable: 10-31-2033 (no more than 90 days after amendment file do	ue)
Sote: If the date inserted in this block does not meet the applicable statutory filing requiocument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east was/were sufficient for approval.	for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

(Typed or printed name of person signing)

Theor Porator
(Title of person signing)