

L19000 056 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

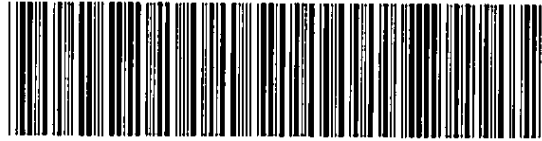
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/19--01020--018 **25.00

2019 AUG -9 PM 3:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
AUG 14 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOD FOR U LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO REY SOTOMAYOR

Name of Person

GOOD FOR U LLC

Firm/Company

8290 NW 14 ST

Address

DORAL FLORIDA 33126

City/State and Zip Code

ricardo.rey@g4uweb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO REY SOTOMAYOR

786

3256359

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

GOOD FOR U LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 AUG -9 P 3:39

The Articles of Organization for this Limited Liability Company were filed on 03/01/2019
Florida document number L19000056164

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

8290 NW 14 ST

DORAL FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8290 NW 14 ST

DORAL FL 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RICARDO REY SOTOMAYOR

New Registered Office Address:

8290 NW 14 ST

Enter Florida street address

DORAL

City

Florida

33126

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAGMEISTER NINA A	3650 NW 82 AVE SUITE 405	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMPANARO OSCAR A	3650 NW 82 AVE SUITE 405	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO REY SOTOMAYOR	8290 NW 14 ST DORAL FL	<input checked="" type="checkbox"/> Add
		DORAL FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SENDING A PREVIOUS STATEMENT OF AUTHORITY FILE FORM

L19000056164

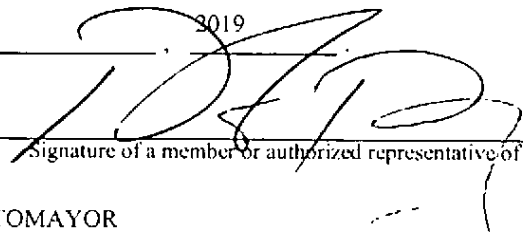
RICARDO REY IS THE LEGAL OWNER OF THE COMPANY

WITH NOTARIED DOCUMENT

E. Effective date, if other than the date of filing: 08/07/2019 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08/07 2019


Signature of a member or authorized representative of a member

RICARDO REY SOTOMAYOR

Typed or printed name of signee