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(F	Requestor's Name)	
(<i>P</i>	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(£	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
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COVER LETTER

Division of Co			
East Goo	d, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Iwan Saputra		
	East Good LLC	Name of Person	
Name of Person East Good LLC Firm/Company 7039 W Broward Blvd Address Plantation, FL 33317 City/State and Zip Code			
	7039 W Broward Blvd		
	Plantation, FL 33317	Address	
	poom57111@gmail.com	City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
lwan Saputra		770 3544769	
Name	of Person	Area Code Daytimo	e 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 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

East Good, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	on our records.)
The Articles of Organization for this Limited I lorida document number 82-1586489		y were filed on 04/1	7/17 and assigned
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name of	of the limited lial	bility company here	<u>2</u> :
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		No change	
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		No change	
s. If amending the registered agent and egistered agent and/or the new registered of	**		<u>.</u>
Name of New Registered Agent:	lwan Saputra	1	·
New Registered Office Address:	7039 W Brow		
		Enter Florid	a street address
	Plantation		, Florida ³³³¹⁷
		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 = Manage		
MIGK - Manage	T.	
AMDD - Authori	read Marmhar	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Panida Sriudomsilp	1575 S Trafalgar Cir Hollywood, FL 33020	□ Add
			■ Remove
			Change
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Tective date, if other than the danner of the date is listed, the date must be tee: If the date inserted in this block	specific and candocandes	annot be prior to o	date of filing or i	nore than 90 days a	after filing.) Pur this date will	suant to 605.020
cument's effective date on the Depa						
record specifies a delayed e	ffective da	te, but not a	n effective	time, at 12:0	1 a.m. on t	the earlier
The 90th day after the record	is filed.			·		
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Page 3 of 3

Filing Fee: \$25.00