

LI6 0000 62352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

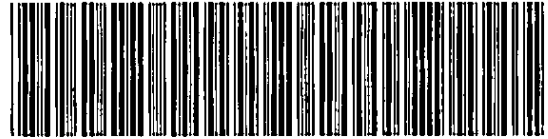
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 AUG 10 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
SEP 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOOD BELLS, 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:

CARLOS A GUTIERREZ

Name of Person

GOOD BELLS, LLC

Firm Company

177 OCEAN LANE DRIVE, UNIT # 510

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

cgutierrez@quib.com.com

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

For further information concerning this matter, please call:

CARLOS A GUTIERREZ      954      822-3439  
at (      )      Daytime Telephone Number  
Name of Person      Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL

2020 AUG 10 AM 8:24

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

GOOD BELLS, LLC

(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 03/29/2016 and assigned  
Florida document number L16000962352.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

177 OCEAN LANE DRIVE

UNIT # 510

KEY BISCAYNE, FL 33149

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

177 OCEAN LANE DRIVE

UNIT # 510

KEY BISCAYNE, FL 33149

**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:

N/A

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

FILED  
2016 AUG 10 AM 8:24  
CLERK OF CIRCUIT COURT  
JULIA A. BROWN, CLERK  
TALLAHASSEE, FL

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 280 AUG 00 BY 8024  
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REC'D  
280 AUG 00 11:08:24

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

N/A

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2020 AUG 10 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

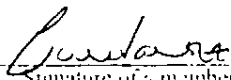
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 08/04/2020



Signature of a member or authorized representative of a member

CARLOS E GUTIERREZ

Typed or printed name of signer