

LO7000015414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

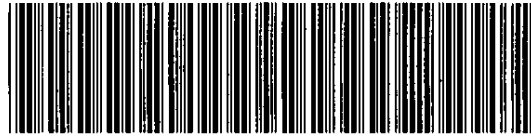
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 06 2009

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: WELL AND GOOD USA 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:

TAMAS ZAFIR
Name of Person

WELL AND GOOD USA INC
Firm/Company

1861 N.E. 211TH STREET
Address

NORTH MIAMI BEACH FL 33179
City/State and Zip Code

TOHMYR@WELLANDGOODUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMAS ZAFIR at (305) 625-7470
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WELLAND GOOD USA 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 2/12/2007 and assigned
Florida document number EO70000154/4

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

TAMAS ZAFIR

New Registered Office Address:

1861 N.E. 211TH ST.

Enter Florida street address

North Miami Beach, Florida

City

33179

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 608, 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.

Tamas Zafir
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

HA FF _____ ☐ Add
 _____ ☐ Remove

MANAGER TAMOS ZAFIR 1861 N.E. 24 TH ST. ☒ Add
NORTH MIAMI BEACH ☐ Remove
FL 33179

MGRM STAR TEXTILES MFG. INC. P.O. BOX 801702 ☐ Add
ADVENTURA FL. ☒ Remove
33280

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add
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 _____ ☐ Remove

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Dated 7/30/2009,

Signature of a member or authorized representative of a member

Typed or printed name of signee