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NOV 18 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

1283 NW 31 AVENUE, LLC

SUBJECT: _____
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:

ROBERT BAILEY

Name of Person

Firm/Company

14829 NW 7 AVE.

Address

MIAMI, FL 33168

City/State and Zip Code

robert@goodearthproperty.com

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

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For further information concerning this matter, please call:

Robert Robert Bailey

954 295-1405

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---------------------|--|
| MGR | WILLIAM D BAILEY, JR | 14831 NW 7 AVE | <input type="checkbox"/> Add |
| | | MIAMI, FL 33168 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JAMES H. BAILEY | 14831 NW 7 AVE | <input type="checkbox"/> Add |
| | | MIAMI, FL 33168 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | DONNA DAY BAILEY | 10911 N BAYSHORE DR | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33161 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BRETT T. BAILEY | 10911 N BAYSHORE DR | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33161 | <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 |

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

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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 NOVEMBER 13th 2015

Signature of a member or authorized representative of a member

ROBERT KAHN authorized representative

Typed or printed name of signee