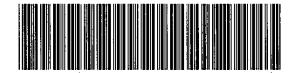
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON MAK 8 0 2010

EXAMINER

# **COVER LETTER**

	itration Section ion of Corporations			
SUBJECT: _	Good Guys, Good Gals, Good Deals, LLC			
_	Name of Limited Liability Company			
The enclosed	Articles of Amendment and fee(s) are submitted for filing.			
Please return a	Il correspondence concerning this matter to the following:			
	Stanley M Fulton			
	Name of Person			
	XL 411, LLC			
	Firm/Company			
4131 Boca Pointe Drive				
	Address			
	Sarasota, Fl. 34238			
	City/State and Zip Code			
	stanleymfulton@lycos.com  E-mail address: (to be used for future annual report notification)			
For further inf	ormation concerning this matter, please call:			
	Stanley M. Fulton at ( 240 ) 505-6003			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a	sheck for the following amount:			
<b>✓</b> \$25.00 Fili	ng Fee \$\bigsquare{1}\\$30.00 Filing Fee & \$\bigsquare{1}\\$55.00 Filing Fee & \$\bigsquare{1}\\$55.00 Filing Fee & \$\bigsquare{1}\\$60.00 Filing Fee, \$\text{Certificate of Status & 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

Good Guy (Name of the Limited (A	s, Good Ga Liability Compa Florida Limited I	ls, Good Goods, L ny as it now appears on or liability Company)	LC ur records.)	<del></del>
The Articles of Organization for this Limited Li Florida document number		were filed on12	/28/2007	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
	XL 411,	LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," th	e designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	4131 Boca Pointe	Drive	SECRETOR OF MAR
(Principal office address MUST BE A STREE	T ADDRESS)	Sarasota, Fl. 3423	8	**************************************
Enter new mailing address, if applicable:		4131 Boca Pointe	Drive	9 PH 4:1
(Mailing address MAY BE A POST OFFICE BOX)		Sarasota, Fl. 3423	8	₩ OX
B. If amending the registered agent and/oregistered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:	fice address her	<u>e:</u> Pointe Drive	cords, <u>enter t</u>	
		Sarsota		34238
		City	, Florida	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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
<del>*</del>			Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS
Dated	March 24  Stanle	2010. n. Falton	
	Signature of a r	ngmber or authorized representative of a member  Stanley M. Fulton	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00