

L09000073825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

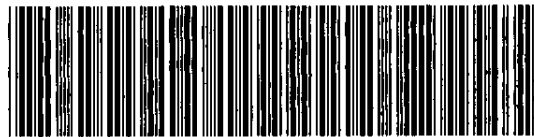
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

DEC 31 2009

EXAMINER
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300163688853

12/28/09--01038--025 **165.00

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2009 DEC 30 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BULLARD LAW

POST OFFICE BOX 2767
ORLANDO, FLORIDA 32802
(407) 648-9530 TELEPHONE
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112 NORTH SUMMERLIN AVENUE
ORLANDO, FLORIDA 32801
WWW.BULLARD-LAW.COM
CBULLARD@BULLARD-LAW.COM

December 22, 2009

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Corporate Amendments

To Whom It May Concern:

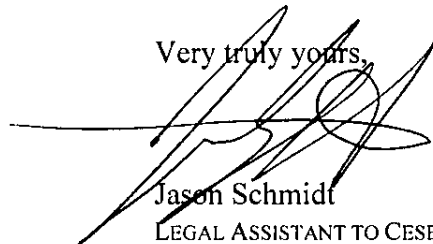
Enclosed please find Articles of Amendment and a check in the amount of \$165.00 to be applied as follows:

1. \$35.00 to serve as the filing fee for Precise Interior Services International, Inc. – Document Number P05000080066;
2. \$35.00 to serve as the filing fee for Universal Warehousing & Logistics, Inc. – Document Number P09000031881;
3. \$35.00 to serve as the filing fee for Exact Logistics, Inc. – Document Number P09000031508;
4. \$35.00 to serve as the filing fee for Exact Transportation Services Incorporated– Document Number P09000030564; and
5. \$25.00 to serve as the filing fee for My Goods Now, LLC – Document Number L09000073825.

Total: \$165.00

Please file the enclosed Amendments to Articles of Incorporation as soon as possible.

Very truly yours,



Jason Schmidt
LEGAL ASSISTANT TO CESERY L. BULLARD, ESQUIRE

CLB:js
cc: Client (w/encl.)(via e-mail)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Goods Now, 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:

Todd Henning

Name of Person

C/O Bullard Law

Firm/Company

Post Office Box 2767

Address

Orlando, Florida 32802

City/State and Zip Code

thenning@exacttransportation.com

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

For further information concerning this matter, please call:

Todd Henning

Name of Person

at (407)

367-0802

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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TALLAHASSEE, FLORIDA

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

My Goods Now, 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 07/31/2009 and assigned
Florida document number L09000073825.

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)

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:

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 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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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 = Manager

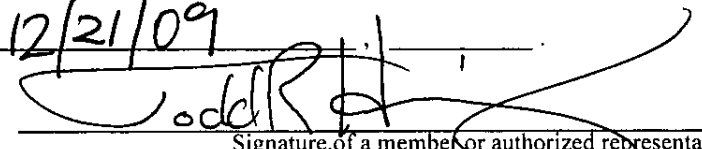
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Dodd	1038 Arlington Street Orlando, Florida 32805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 2009 DEC 20 AM 10:10
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 TALLAHASSEE, FLORIDA

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

Dated 12/21/09



Signature of a member or authorized representative of a member

Todd Henning

Typed or printed name of signee