Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone : (850)385-6735

Fax Number : (954) 641-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: has@rnnklaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GOOD LIFE MIA, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 APR -8 AM 8: 28

SECRETARY OF STATE
FALLAHASSEE, FLORIDA.

THE GO	OOD LIFE MIA, LLC	2	
(Name of the Limited Liabili (A Florida	iv Company as it now appea	is on our records.)	
(111000)	Difficot Diagnity Company)		
The Articles of Organization for this Limited Liability	Company were filed on	9/18/09	and assigned
Florida document numberL0900090626	<b></b> ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	re:	
	N MORTGAGE, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
•		<u></u>	
Enter new mailing address, if applicable:	<del></del> -		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis	stance office address on a	one sacords antar	the name of the ne
registered agent and/or the new registered office add	iress here:	out records, <u>enter</u>	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
New respired Office results.	Enter Florida street address , Florida City Zip Code		iress
	City		Zip Code
New Registered Agent's Signature, if changing Registers	ed Agent:		
			•
I hereby accept the appointment as registered agent	and agree to act in this co	späcity. I further ag	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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.

· 4700000 80066

MGR - Manager

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:

MGRM = Managing Member <u>Title</u> Name Address Type of Action MGR Vicki Spelton 2023 North Atlantic Blvd., #135 ☑ Add Cocoa Beach, FL 32931 Remove ∏ Add Remove ☐ Add Remove Add Kernove Remove J∏Add. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ထ္ April 8 2010 Dated\_ Signature of a member or authorized representative of a member Kerry E. Rosenthal, Authorized Representative of Member Typed or printed name of signee

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Filing Fee: \$25.00