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T. CLINE

DEC 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOT DESTINY 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:

W. SCOTT GARNER

Name of Person

GOT DESTINY LLC

Firm/Company

1817 BOSWELL AVE

Address

BRANSON MO. 65616

City/State and Zip Code

Sara.garner@hotmail.com

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

For further information concerning this matter, please call:

W. SCOTT GARNER

Name of Person

at (417) 593-9926

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**

GOT DESTINY 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 November 4, 2009 and assigned
Florida document number LO9000 106210

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOT DESTINY LLC

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)

2009 DEC 4 AM 10:52
SECRETARY OF STATE
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:

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

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

Title	Name	Address	Type of Action
MGRM	Antero Truist	2420 W Brandon Blvd #137 Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	W. Scott Garner	2420 W Brandon Blvd #137 Brandon FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove KEEP
MGRM	SARA GARNER	2420 W Brandon Blvd #137 Brandon FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove KEEP
MGRM	Trinity Truist		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Dated December 10, 2009.

W. Scott Garner
Signature of a member or authorized representative of a member

W. SCOTT GARNER
Typed or printed name of signee

2009 RE 14 AM 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED