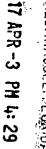
(Re	questor's Name)	
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APR 05 2017 S. YOUNG

COVER LETTER

Division of Cor			
SUBJECT: Goddes	DE I AM BOLANICA Name of Limi	As and adorments ted Liability Company	s u.c
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Elizabeth A	Sown - Rine 1/a Name of Person	
		Firm/Company	
	208 Bal	tusn Drive	TAR TRACE
	Naples	City/State and Zip Code	-3 PH SS PH
	10mbonk Keep E-mail address: (1	ing 38 @ live.com	PH 4: 29
For further information c	oncerning this matter, please ca	ılı:	
Beth By Name o	vnn-Rinella f Person		5504 or 228-6949 Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	AND AOORNMENTS ras it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on De C 7, 2010 and assigned
Florida document number <u>L 10000125715</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Goddess I Am LLC	
The new name must be distinguishable and contain 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)	PR PR
N/A ·	ယ် တို့ဆို
17 (1)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	29
NA	 _
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
	N/A
Name of New Registered Agent:	
Novy Bogistowed Office Address	
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 provisions of all statutes relative to the proper and complete possition as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add _□ Remove 4/8 ☐ Change □ Remove □ Re**ze**ve _□ Cha □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605 iling requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie
March 15, 2017. Elizabeth Bro-Roulla Signature of a member or authorized representation	
Egindon Bro-Rille	

Page 3 of 3

Filing Fee: \$25.00