*L11000041241

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SEVENIA SEE FLORIDA

K. SALY EXAMINER AUG 3 0 2011

COVER LETTER

TO:	Registration Se Division of Cor	ection porations		
SUBJI	ECT:	Mister Goo	ody Affiliates, LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		 		
			Firm/Company	
			Address	
Boynton Beach, Florida 33473				
			City/State and Zip Code	
	ication)			
For fu	ther information e	oncerning this matter, please ca	all:	
Joel Arberman		at (_561_)	396-0554	
	Name o	f Person	Area Code & Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
▼ \$25	5.00 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

FILED

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SLUBLIANT CI STATE
TALLAHASSEE, FLORIDA

Mister Goody Affiliates, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Compa	ny were filed on	04/06/2011	and assigned
Florida document number	L11000041241			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited li	ability company here	2:	
	Mister Good	y Events, LLC		
The new name must be distingui "L.L.C."	shable and end with the words "L	imited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			-
(Principal office address MUS	ST BE A STREET ADDRESS)			
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·	
	red agent and/or registered new registered office address h		ur records, <u>enter t</u>	he name of the nev
Name of New Regist	ered Agent:			
New Registered Office	ce 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					
<u>Title</u>	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove 		
	······		Add Remove		
D. If amend	ling any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.)	_		
_			_		
 Dated	8/23/11		-		
		per or authorized representative of a member			
		Hrbernav ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00