

L11000069067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

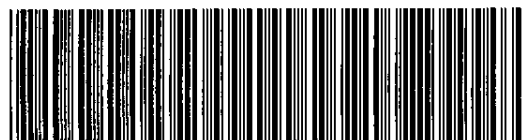
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

NOV 18 2011

EXAMINER



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11/07/11--Q1047--003 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -7 AM 9:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Making Good Money Promotions 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:

Patrick Silfrain Sr

Name of Person

Making Good Money Promotions LLC

Firm/Company

1835 Port Castle Circle

Address

Winter Garden, FL 34787

City/State and Zip Code

sgoussaint@yahoo.com

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

For further information concerning this matter, please call:

Sandy Goussaint

Name of Person

at (321)

662-8312

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -7 AM 9:50

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

Making Good Money Promotions LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV - 7 AM 9:50

The Articles of Organization for this Limited Liability Company were filed on June 14th 2011 and assigned
Florida document number L11000069067.

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:

1835 Port Castle Circle

(Principal office address MUST BE A STREET ADDRESS)

Winter Garden, FL 34787

Enter new mailing address, if applicable:

1835 Port Castle Circle

(Mailing address MAY BE A POST OFFICE BOX)

Winter Garden, FL 34787

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:

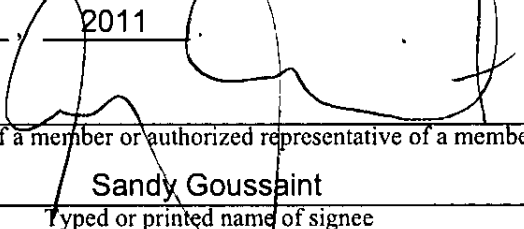
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patrick Silfrain Sr	1835 Port Castle Circle Winter Garden, FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sandy Goussaint	1835 Port Castle Circle Winter Garden, FL 34787	<input checked="" 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

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

Dated October 28th, 2011



Signature of a member or authorized representative of a member

Sandy Goussaint

Typed or printed name of signee