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COVER LETTER

	egistration Section vivision of Corporations	
SUBJEC	r: Gooden Bothas Maxonry LLC Name of Limited Liability Company	
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	arn all correspondence concerning this matter to the following:	
	Angela Goben Name of Person	
	Firm/Company	
	6448 KACK AVE	
	$M.1+0$ F_{1} 32570 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
<u>E</u>	Name of Person at 850, 393 8721 Area Code Daytime Telephone Number	
Enclosed	s a check for the following amount:	
\$25.0	Filing Fee Solution Status Solution Status Solution Solut	

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

Gooden Bo	Tother Compa	S Mo	SSON TY	,LLC	,
The Articles of Organization for this Limited Lial Florida document number \(\frac{\bigsigma}{1000} \frac{130}{130} \)	A Florida Limited I	iability Company) /	2/12/11	and assigned SET 13 JUN	ed
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	he timited liabi			24 PH 3	
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	MILLE	hack of the	3VC)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>0x)</u>	Same	<u>QS</u>	<u>abuve</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>entc</u>	er the name of	the new
Name of New Registered Agent: New Registered Office Address:	Ange	la 6,	odoen L Ave		
		Enter Florid City	a street address, Florida	325 7 Zip Code	<u>) ()</u>

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 605, 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 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 Title Name Randall's Gooden 6461 Renee CC - Add Milten Fl 32583 Kremo _□ Change angela boosen 6448 hark ave ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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	/ /
if an effec <u>Note:</u> I	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated _	6/1/19 2019 1
	X Landall & Loctler
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00