

L12060044261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

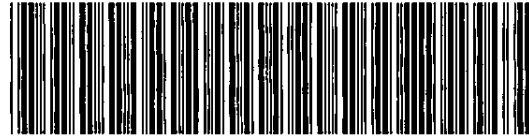
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amend

Office Use Only



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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

T. Burch DEC 2 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Good Life EB5 Advisors 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:

**Ernest Munzen**

Name of Person

Firm/Company

**15251 Amberly Dr**

Address

**Tampa, FL 33647**

City/State and Zip Code

**emunzen@goodlifeeb5.com**

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

For further information concerning this matter, please call:

**Ernest Munzen**

Name of Person

at ( **813** ) **777-4494**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2013

ERNEST MUNZEN  
15251 AMBERLY DR  
TAMPA, FL 33647

SUBJECT: GOOD LIFE EB5 ADVISORS LLC  
Ref. Number: L12000044261

We have received your document for GOOD LIFE EB5 ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 113A00026253

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

**Good Life EB5 Advisors 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 03/30/2012 and assigned  
Florida document number L12000044261.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

City

Florida

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	Ernest Munzen	15251 Amberly Dr Tampa, FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GEM Management, LLC	15251 Amberly Dr Tampa, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<del>MGR</del>	<del>Ernest Munzen</del>	<del>15251 Amberly Dr Tampa, FL 33647</del>	<del><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</del> <i>Deleted 11/24/13 Ernest Munzen</i>
MGRM	John Yo	6029 Catlin Dr Tampa, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Chong Yo	6029 Catlin Dr Tampa, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

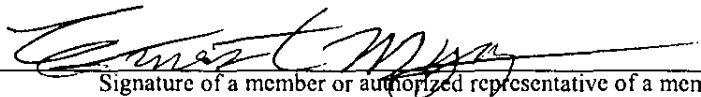
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 5, 2013



Signature of a member or authorized representative of a member

Ernest Munzen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA