

(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
n.	D. CIT	DEVELOP	MENT COACH LLC	
SOBI	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		DO	ON JUAN DEMARCO CASANOV	'A
			Name of Person	
			Firm/Company	
			7840 SW 21 TERRACE	
		-	Address	······································
			MIAMI, FL 33155	
			City/State and Zip Code	
		r il addissii (demo@thedemolitioncrew.com	(Carriers)
For fu	orther information o	oncerning this matter, please ca	to be used for future annual report noti	neation)
	LESLIE AD	LER CPA	at (305) 670-3370 Area Code Daytim	
	Name o	f Person	Area Code Daylin	c Telephone Number
Enclo	sed is a check for th	ne following amount:		
₫ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

DEVELO	PMENT COACH LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000097943</u>	any were filed on JULY	30, 2012	_ and ass	igned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
	GOOD NOW LLC				
The new name must be distinguishable and contain the words "Limited I	liability Company," the design	nation "LLC" or the abbro	viation "L.	L.C."	
Enter new principal offices address, if applicable:			F.,		
(Principal office address MUST BE A STREET ADDRESS	S) N/A		·- <u>[]</u>	œ	
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Enter new mailing address, if applicable:	N/A		<u> </u>	7]
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>)
		<u> </u>	- <u>+</u>	-	
		$G_{\mathcal{D}}$		_	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir recor d s, <u>enter th</u>	e name	of the no	<u>ew</u>
Name of New Registered Agent: N/A			. 		
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			Remove
			Change
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Filing Fee: \$25.00