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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Goody"s 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:

H.B. Stivers

Name of Person

Levine & Stivers LLC

Firm/Company

245 East Virginia Street

Address

Tallahassee, FL 32301

City/State and Zip Code

HB@LevineStivesLaw.com

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

For further information concerning this matter, please call:

H.B. Stivers

850 222-6580

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ody"s LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	, 1970 / 1
The Articles of Organization for this Limited Liability Comp	pany were filed on October 10, 2013	and assigned
Florida document number L13000143325		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Goody's LLC		
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		CAR BO
Enter new mailing address, if applicable:	-	7 7
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		CORD SILVER
		33 33
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
	<u></u>	
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 **Title** <u>Name</u> Address Type of Action Remove Remove Remove Add Remove Remove Remove

. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<u> </u>	
October 15	2013
	HBAKI)
	Signature of a member or authorized representative of a member
	H.B. Stivers
-	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE