

L14000003788

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1140000264563))



H14DC00264583ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 492-1120
Fax Number : (954) 343-6962

UPDATED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
14 FEB -4 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 FEB -4 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOOD BEAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

T. Burch FEB - 5 2014

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB -4 AM 7:33

FILED

FIRST: The name of the limited liability company is:

GOOD BEAR LLC

SECOND: Document to be corrected is:

(L14000003788) ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE FULL NAME OF THE MANAGER WAS NOT PROPERLY IDENTIFIED AND IS INCORRECT.

THE CORRECT FULL NAME OF THE MANAGER IS: JORDAN W. LEONARD.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)