L14000004957

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
Good	will Constructi	ion LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	P R Matthey	VS	
		Name of Person	
		Firm/Company	
	Box 616681		
		Address	
	Orlando, FL	32861	
		City/State and Zip Code	
		1@BELLSOUTH.NET	
	E-mail address: (to be used for future annual report notification	2014 HAR
For further information co	oncerning this matter, please co	all:	
P R Matthe	ws	_{at} 321, 236-745	8 설문 이 1
Name of Enclosed is a check for the		Area Code Daytime Tele	phone Number 75 75 75 75 75 75 75 75 75 75 75 75 75
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
G \$25.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Goodwill Construction LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number <u>L14000004957</u> .	pany were filed on 01/09-2014	and assigned
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	d 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 ADDRES	<u></u>	7.5. 2
Enter new mailing address, if applicable:	301 North Creek Blvd	7 - 5
Mailing address MAY BE A POST OFFICE BOX)	#224	
	Goodlettsville, TN 37070	<u> </u>
D. Te. 1: d l l	1 co 11	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the ne
		
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	P R Matthews	Box 616681	Add
		Orlando, FL 32861	■ Remove
			□ Remove
			Add Remove
			TARY PESTOR DE
			Remove
			□ Add
			Remove
			Add
			□ Remove

If amending any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filin The effective date must be specific, cannot be prior to de the date this document is filed by the Florida Departme	ate of receipt or filed date and cannot be more than 90 days after
Dated February 25th	2014
Man	Kees'
	member of authorized representative of a member
P R Matthews	-
	Typed or printed name of signee

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Filing Fee: \$25.00

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