L14000038780

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2020 DEC | 7 AM 10: 06

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COVER LETTER

TO:

Registration Section

Division of Corporations					
	goodo LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Yan Li				
		Name of Person			
	Atlas Accounting and I	nternational Consulting LLC			
		Firm/Company			
	1417 S Burgandy Trail				
Address					
	Jacksonville, FL 32259				
		City/State and Zip Code			
	atlas@meiguochuangye.com				
		to be used for future annual report notif	ication)		
For further informatio	s concerning this matter, please c	all:			
Yan Li		423 416 1417 at ()			
Name of Person			: Telephone Number		
Enclosed is a check fo	r 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 Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Igoodo LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
the Articles of Organization for this Limited Liability Company florida document number L14000038780	were filed on <u>03/07/2014</u>	and assigned
his amendment is submitted to amend the following:		
_		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2020 DEC
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Inter new mailing address, if applicable:		" 5
Muiling address MAY BE A POST OFFICE BOX)		. 6 .
3. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
tvaine of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid:	
		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 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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Steve Olinger	1417 S Burgandy Trail, Jacksonville, FL 32259	≣ ∧dd
			□Remove
			□Change
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			□ Change
			□Add
			□Remove
			□ Change

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Note: If the date inserted in thi	the date of filing: must be specific and common be prior to date of filing or more than 9 is block does not meet the applicable statutory filing require a Department of State's records	(optional) 0 days after filing.) Pursuant to 605 020 ments, this date will not be listed in
record specifies a delayed effe d is filed.	ctive date, but not an effective time, at 12,01 a.m. on the ca	rher of (b). The 90th day after the
Dec (1)	2020	
	Signature of a member or authorized representative of a men	
	Signature of a metaber or authorized representative of a men	iber

Filing Fee: \$25.00