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(Re	questor's Name)	
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EORETARY OF STAT
LLAHASSEE FLORIE

S. WARREN JUN 0 6 2017

COVER LETTER

TO: • Registration Section Division of Corporation		e e e	\$. W	*
SUBJECT:	odfellas Trav	nSilional Recorded Liability Company	ery UC	
The enclosed Articles of Am	endment and fee(s) are sub-	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	John	VouseC Name of Person		
	•	Name of Person		
		_		
		Firm/Company		
	589	S Green Spiline Address	15 Place	
	WPB	FC 334001		
	Jyour	FC 334001 City/State and Zip Code ee 1114 W Gmail.	con	
-		o be used for future annual repor		
For further information conc	erning this matter, please ca	ll:		
John	Varel	at (45) 325	5-4870	
Name of Pe	rson /	Area Code Da	sytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section \$60.00 Filing Certificate Control Certified Control Co	of Status & opy

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**

Goodfellas	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	were filed on 0/15/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	317 10th St
(Principal office address MUST BE A STREET ADDRESS)	west Palm Beach, FL 33409
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Wib FL 33409 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the mine of the new
Name of New Registered Agent:	Vinucee
New Registered Office Address: 555	Green Springs Place Enter Florida street address
_ust	City Beach, Florida 33 4Ch
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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Anthony Cambrea	USTO USth way	□ Add
		west Palm Beach 33407	Remove
			☐ Change
	 		🗆 Add
			□ Remove
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Filing Fee: \$25.00