

L14 000081638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

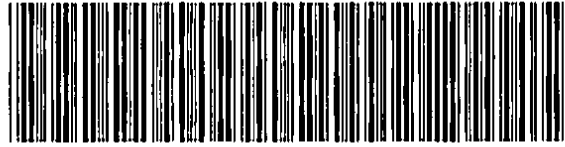
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# COVER LETTER

Registration Section  
Division of Corporations

GOODLINE LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person  
  
MASAKALI LLC  
\_\_\_\_\_  
Firm/Company  
  
1555 N. TREASURE DR. SUITE 511  
\_\_\_\_\_  
Address  
  
NORTH BAY VILLAGE, FL 33141  
\_\_\_\_\_  
City/State and Zip Code  
  
ARIASMARICE@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIASMARICE ARIAS      305      934-2775  
\_\_\_\_\_  
Name of Person      at (      )      \_\_\_\_\_  
Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GOODLINE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/20/2014 and assigned  
Florida document number L14000081638

As an amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

Florida

*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

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

R = Manager  
BR = Authorized Member

<u>Relationship</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	MASAKALI LLC	1555 N. TREASURE DR. SUITE 511	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	ANDREA TARCHINI	1555 N. TREASURE DR. APT. 511	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	JUAN B. PAZ DE LA GARMA	1555 N. TREASURE DR. APT. 511	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	HUGO M. TARCHINI	1555 N. TREASURE DR. APT. 511	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
NORTH BAY VILLAGE, FL 33141

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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NOTARY PUBLIC  
STATE OF NEW YORK

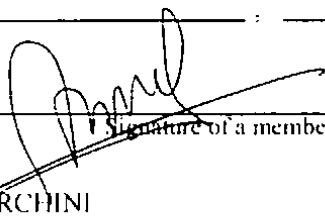
Effective date, if other than the date of filing: 10/08/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated OCTOBER 8th, 2020



Signature of a member or authorized representative of a member

HUGO M. TARCHINI

Typed or printed name of signee