L14000081638

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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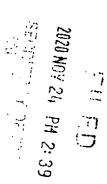


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COVER LETTER

	istration Sc sion of Cor			
SUBJECT:	GOODLIN	TE LLC		<i>y</i> **
SUBJECT.	-	Name of Lin	nited Liability Company	,,,,,
The enclosed	Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter	_	
		MARICE ARIAS		
			Name of Person	
		GOODLINE LLC		
			Firm/Company	
		1555 N. TREASURE DR.	#511	
			Address	<u> </u>
		NORTH BAY VILLAGE		
			City/State and Zip Code	·
		ARIASMARICE@GMAIL		
			to be used for future annual report no	tification)
For further in:	formation co	oncerning this matter, please c	all:	
MARICE AR	IAS		305 934-2775	
	Name of	l'Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling 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)
	ing Addressistration S		Street Address: Registration Se	ection
Divi	sion of C	orporations	Division of Co	rporations
	Box 632° ahassee, F		The Centre of	Tallahassee oe Street, Suite 810
1 (11)	minate. I	AD ひ=217	44 D. N. MONIC	Je aucet, auge a to

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOODLINE LLC		
(<u>Name of the Lir</u>	nited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 05/2	20/2014 and assigned
Florida document number L14000081638		
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>v</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE	ET ADDRESS)	2020 NCY SEL : 17 Y
		¥ 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	= = =
		· 🔅
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our rec ess here:	cords, enter the name of the new registe
Name of New Registered Agent:	MARICE ARIAS	
New Registered Office Address:	1555 N. TREASURE DR. APT. 51	· -
	Enter Florid	la street address
	NORTH BAY VILLAGE	Florida <u>33141</u>
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□Remove
			☐ Change
			□ Add
			Remove
			□Change
			□∧dd
			Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			Remove
			□Change

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If an cf	ive date, if other than the date of filing:
docum	nent's effective date on the Department of State's records
e recor rd is fi	d 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 led.
Dated	NOVEMBER 17th 2020
	Tuyor.

Filing Fee: \$25.00