L15000029001

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OCT 14 2013

COVER LETTER

SUBJECT: ff To Good Company LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Hooijkaas
In Good Company LLC
38492 Washington Loop Rd.
Punta Gorda, FL. 33982 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sharon Hooijkaa S at (941) 769-1745 Name of Person Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

TO:

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

In Good Com	Pany LLC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L150003906</u>	ny were filed on <u>2116</u> 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
.	
Enton non-mailing address if anniles bloom	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
MALINE MATERIAL DE ATOST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the newere:
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	•
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
	30 >

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Jordy Blumer	38492 Washington Loc Punta Gorda, FL. 339	P DAdd
v	•	Punta Gorda, FL. 339	Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dote: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this da	te will not	be listed
record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	.2:01 a .m	n, on the	earlier
nted 10/7/ , 2016.			
		2015	e nacembrane (il).
Signature of a member or authorized representative of a membe	<u> </u>	,, q 	although a
Sharon Hoojikaas	A NAME OF THE PROPERTY OF THE	=	handard harman
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Filing Fee: \$25.00