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PICK-UP	(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Modern Good	b, LLC.	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Mi	chael Stein Name of Person	
		Name of Person	
	Ma	dern bads, LLC.	
		1 3	
	100 U	V. Grant St. # 4	4062
	(Orlando, FL 3 City/State and Zip Code	2806
	Modern Coods E-mail address: (t	LLC E G mail. com o be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please ca		
Michael S	Stein	at (315) 663-6	4525
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC.	
ny as it now appears on our records.) Liability Company)	
were filed on 02/18/2015	and assigned
ility company here:	
lity Company," the designation "LLC" or th	
2423 S. Orange 1	Ave.
Svite 151	
Oclanilo FL 3281	06
2423 8. Orange 1	tve.
Suite 151	
Orlando, FL 329	806
ffice address on our records, <u>ent</u> <u>e</u> :	
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Enter Classida shared addition	No N
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, Florida	
1	ility company here: lity Company," the designation "LLC" or the 2423 S. Orange 1 Suite 151 Orlando, FL 328 2423 S. Orange 1 Suite 151 Orlando, FL 329 ffice address on our records, en

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized Mer	mber

<u>Title</u>	Name	Address	Type of Action
			□ Add
		 	□ Remove
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Page 3 of 3

Filing Fee: \$25.00