Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000111595 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911

Fax Number

: (904)396-0663

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOODNIGHT ACQUISITIONS, LLC

Certificate of Status	0
Certified Copy	O O
Page Count	03
Estimated Charge	\$25.00

1. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	equisitions, LLC IDANY AS IT NOW APPEARS ON OUR PECONDS.) Ed Liability Company)		
The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion for the Articles of Organization for this Limited Liability Compartion for the			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Liz	Addition Common 22 the designation (1) I C22 as the abbreviation VI I C22		
,	11005 Blasius Rd, Jacksonville, FL 32226		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	11005 Blasius Rd, Jacksonville, FL 32226		
Mailing address MAY BE A POST OFFICE BOX			
	office address on our records, enter the name of the ere:		
egistered agent and/or the new registered office address h	ere:		
egistered agent and/or the new registered office address he Name of New Registered Agent:			
egistered agent and/or the new registered office address he Name of New Registered Agent:	ere:		

If Changing Registered Agent, Signature of New Registered Agent.

Page 1 of 3

Page 1 of 3

Page 1 of 3

Page 1 of 3

М.,	7	201	۱۲	٥.	ĸΛ	DM
May.	1.	201	כו	Ζ:	04	۲M

No.	0009	нР.	3/4	1150
			1312171	1 17

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

MGR = M $AMBR = A$	lanager uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Change
			Add
		<u> </u>	□ Remove
			Change
			bhA □
			🗀 Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		
			A S Remove
			Change SSET O Add 9: OR CORD Remove
			□ Change
			□ Add
			□ Remove
			Change .

Page 3 of 3

Filing Fee: \$25.00