

L16000004430

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

From: Account Name : TOBIN & REYES, P.A.  
Account Number : I20000000155  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOOD LOOKS, LLC

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TALLAHASSEE, FLORIDA

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SEP 26 2016

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOOD LOOKS, 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:

Bob Joines, Esq.

Name of Person

Tobin & Reyes, P.A.

Firm/Company

225 N.E. Mizner Boulevard, Suite 510

Address

Boca Raton, FL 33432

City/State and Zip Code

xmartusa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Joines, Esq.

561 620-0656  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for 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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GOOD LOOKS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/6/2016 and assigned Florida document number L16000004430.

This amendment is submitted to amend the following:

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

*The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."*

Enter new principal office address, if applicable:

3469 NE 169 Street

*(Principal office address MUST BE A STREET ADDRESS)*

North Miami Beach, FL 33160

Enter new mailing address, if applicable:

3469 NE 169 Street

*(Mailing address MAY BE A POST OFFICE BOX)*

North Miami Beach, FL 33160

B. 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:

Evgueni Souliaguine

New Registered Office Address:

3469 NE 169 Street

*Enter Florida street address*

North Miami Beach

Florida

33160

*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 603, 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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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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Evgueni Souliaguine	3469 NE 169 Street, North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AR	Ricardo A. Reyes	225 N.E. Mizner Boulevard, Suite 510 Boca Raton, FL 33432	<input type="checkbox"/> Add <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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