(Requestor's Name) (Address) (Address)	000304903790
(City/State/Zip/Phone #)	I
	10/26/1701022002 **25.00
(Business Entity Name)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	2017 OCT 26 PM 2: 52 MLL/MARSET - 1 CRIT
Office Use Only	K. SALY OCT 27 2017

COVER	LET	FER
-------	-----	-----

•

TO: Registration Section Division of Corporations	
SUBJECT: Good OL' Boys, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Hutchinson Name of Person	1
Firm/Company	
2132 Bay Clover Drive	Ī
Winter Garden FL. 34787 City/State and Zip Code hutch Qvininc. Com :- hutch 2685 Gyaho E-mail address: (to be used for future annual report notification)	ð. com
For further information concerning this matter, please call:	
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 Certified Copy Certified Copy   (additional copy is enclosed) Certified Copy Certified Copy   (additional copy is enclosed) Certified Copy Certified Copy	
MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301	

ARTICLES OF A TC ARTICLES OF O	),
OI	F 40/70C7.2-
(Name of the Limited Liability Compan (A Florida Limited La The Articles of Organization for this Limited Liability Company v	iv as it now appears on our records.)
Florida document number $\underline{L16000120665}$ .	
Florida document number $\underline{\mathcal{L}} \land \underline{\mathcal{C}} \land $	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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

I.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

.

.

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
<u>MGR</u>	Brianne Harris	542 S.E. 41 Ave	Add
		<u>Address</u> <u>542 S.E. 41<sup>st</sup> Ave</u> <u>Ocala, FL. 3447</u>	Remove
			Change
	<u> </u>		🔤 🗌 Add
			C Remove
			Change
			Add
			Remove
			PH 2: 52
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			Change

		<u>.</u>				<u>-</u>
						CT 25 pm 2:
						····
					· ·	
	<del>_</del> <del>_</del>					
					<u>.                                    </u>	
	. <u> </u>					I
					<u> </u>	
				<u> </u>		
<b>_</b>						
			<b></b>			
fective date, if	other than the d	late of filing:			_ (optional)	
m effective date is ot <u>e:</u> If the date i	listed, the date must l nserted in this bloc	be specific and cannot tk does not meet f	he applicable statu	iling or more than 90 c tory filing requireme	lays after filing.)   ents, this date w	Pursuant to 605.0207 ill not be listed <b>a</b> s
ocument's effect	we date on the Dep	partment of State's	s records.			
e record speci	fies a delayed	effective date,	but not an eff	ective time, at 1	2:01 a.m. o	n the earlier of
The 90th day	after the reco	rd is filed.				
$d = O_{CT}$	tobec a	24	2017			
		$\neg M$				
		Signature of a newb	et or authorized repr	esentative of a membe	<u></u>	
		-	Hutchin			
		Jann	1 Juicini	1000		

Filing Fee: \$25.00