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.

(((H17000211807 3)))



H170002116073A8C.

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

1	$\sim$	

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407)898-1757

Fax Number : (407)897-5336

\*\*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 GOOD 4U IMPORT & EXPORT LLC

THE PROPERTY OF THE PROPERTY O	W. THE CO. ST. CO. ST. ST. ST.	COLUMN CARACTER EXPOSES
Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$25.00

Electronic Filing Menu Corporate Filing Menu

## H17000211807 3 COVER LETTER

	stration Session of Cor				
	<u>:</u> ;	GOOD 4U IMP	ORT & EXPORT LÉC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	: Artiales of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
	:		MARIANA SOUZ	A	
	:		Name of Person	<del> </del>	<del></del> -
	. :	ACC	OUNT BOOKKEEPING	G CORP	
	:		Fimt/Company		<del></del>
	:	5	301 CONROY RD STE	140	
•	:		Address		
	1 :		ORI.ANDO, FL 32811		
	:		City/State and Zip Cod		
	:	CU	STOMER@ABKCOR		
	:	E-mail address: (	to be used for future annu-	al report notifica	tion)
For further in	formation of	concerning this matter, please c	ail:		
	MARIA	NA SOUZA	407 at ()	898-1757	
<u> </u>	Name o	of Person	Area Code	Daytime To	elephone Number
Enclosed is a	check for t	he following amount:			
\$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	:				(
	•				
		ING ADDRESS:		ET/COURTER	ADDRESS:
:		ration Section on of Corporations		ration Section of Corporation	ne
		ox 6327		Building	פונט
		assee, FL 32314	2661 E	xecutive Cente	

H17000211807 "3

From Account Bookkeeping 1.321.888.4914 Thu Aug 10 10:57:38 2017 EDT Page 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

GOOD 4U IMPORT & EXPORT LLC

(Name of the Lim	red Liability Company as it now app (A Florida Limited Liability Compan)	y)	
The Articles of Organization for this Limited L Florida documen numberL16000/448	• •	08/02/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending pame, enter the new name of	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	he designation "LLC" or the ab	
Enter new principal offices address, if appli	cable:	:	291
(Principal office address MUST BE A STRE			
	- <del></del>		United States
Enter new mailing address, if applicable:	•		글 글 11
(Mailing address MAY BE A POST OFFICE	: BOX)		<u> </u>
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		on our records, enter	the name of the n
	3129 TOCOA CIRCLE		
New Registered Office Address:		Florida street address	
	KISSIMMEE	, Florida <sup>347</sup>	746
	City	, 1 1011011	Ztp Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this	per and complete performance istered agent as provided for it registered office address, I he	of my duties, and I am fo in Chapter 605, F.S. Or, reby confirm that the lim	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 HI7000211807 3

## From Account Bookkeeping 1.321.888.4914 Thu Aug 10 10:57:38 2017 EDT Page 4 of 5 HI+WO211807 3

MGR = Manager

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

AMBR - A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GOMES QUEIROZ, DEUZIMAR	8803 FUTURES DR STE 8	Add
		UNIT 102	≅ Remove
		ORLANDO, FL 32819	□ Change
:			
:			□ Remove
; ; ;			Change
			Add
:			□ Remove
:			Change
<u>:</u>			□ Add
:			☐ Remove
:			□ Change
			□ Add
			Remove CO
:			Si Sin Change L
			Acd Acd Remove
:		<del></del>	□ Chance

Page 2 of 3 H17000211807 3

From Account Bookkeeping 1.321.888.4914 Thu Aug 10 10:57:38 2017 EDT Page 5 of 5 HI+00021100+ 3 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. AUGUST 10 2017 Dated Signature of a member or authorized representative of a member MARCIA CATELAN MIRAGAIA DIAS

Typed or printed name of signee

Page 3 of 3

H17000211807 3