Page: 12/10/2019

04:59 PM

TO:18506176383

FROM: 5612934213

12/10/2019 Division @@orporations

> 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.

> > (((H190003566353)))



H190003566353ABC5

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 : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 : (407)897-5336

Fax Number

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

customer

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOOD 4U IMPORT & EXPORT LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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2018 DEC 10

TO: Registration Sec Division of Corp			
		PORT & EXPORT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	STEPHANIE CASTRO		
		Name of Person	
	ACCOUNT BOOKKEEPI	NG COR'P	
	·	Firm/Company	
	5301 CONROY RD, STE	140	
		Address	···
	ORLANDO, FL 32811		
		City/State and Zip Code	
	CUSTOMER@ABKCORP		
		to be used for future annual report no	uncanon)
For further information co	oncerning this matter, please co	all;	
STEPHANIE CASTRO		407 898-1757 at ()	
Name of	Person		ne Telephone Number
Enclosed is a check for th	e following amount:		
\ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Solution of Co The Centre of	orporations Tallahassee
Tallahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810

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04:59 PM

TQ;18506176383 FROM: 5612934213 COVER LETTER

Tallahassee, FL 32303

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O4:59 PM_TO; 18596176383 FROM: 5612934213 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF

FILED

GOOD 4U IMPORT	& EXPORT LLC	2019 DEC 10 P 1:49
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on08/02/2016	and assigned
Florida document number L16000144812		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8103 GRAY KINGBIRD DR	
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN - FL. 34787	
Enter new mailing address, if applicable:	8103 GRAY KINGBIRD DR	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER GARDEN - FL 34787	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
******	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	7	- r

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.

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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

Title	Name	Address	Type of Action
			□Add
			DAdd
		□Remove	
			□Change
			□ Add
			□Remove
			□Change
		□Add	
		Петоvе	
			Change
		·	□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	

-	
	
f an effectiv <u>Note:</u> If th	date, if other than the date of filing:
record spe d is filed.	polities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (5) The 90th day after the
etcd	DECEMBER 10th
	Signature of a member or authorized representative of a member
	IDILIO MIRAGAIA DIAS Typed or printed name of signee

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