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(Re	equestor's Name)	
· (Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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DIVISION OF BRADOUNISMS

DEC 0 8 2016



Div	ision of Corp	orations				
SUBJECT:		DATING, LLC				
Name of Limited Liability Company						
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspor	dence concerning this matter	to the following:			
		Jason Fyksen				
			Name of Person	.		
		Bad Boys Dating, LLC				
			Firm/Company			
		415 Falkland Rd.				
			Address			
		Venice, FL 34293				
			City/State and Zip Code			
		jlfysken@gmail.com				
		E-mail address: (to be used for future annual repo	rt notification)		
For further i	nformation co	ncerning this matter, please ca	all:			
Jason Fykse	en	·	941 306-75 at ()	669		
	Name of	Person		aytime Telephone Number		
Enclosed is	a check for the	e following amount:				
\$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Solution \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAD BOYS DATING, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L16000206906	mpany were filed on 11/10/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
GOOD GIRLS LIKE BAD BOYS, LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SSS)
(Principal office address MUST BE A STREET ADDRE	SSS)
	9 b T
	S D M
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

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>Address</u> **Type of Action Title** <u>Name</u> _ Add _□ Remove _□ Change □ Add _□ Remove _□ Change □ Add Add 16 PM 1: 47 over 10 PM 1: 47 over 10 PM 1: 47 Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add ☐ Remove

_□ Change

								
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recor The 90	rd specifies a delayed Oth day after the rec	d effective da ord is filed.	ate, but not	an effective	time, at 12:01	. a.m. on th	e earlier	of:
ted	11/18/16	,						
			, —					
		Signature of a m	iember or author	ized representativ	e of a member			
	Jason Fyksen							

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Filing Fee: \$25.00