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SECRETARY OF STATE

WAR 20 2015 J. HARRIS

COVER LETTER

Division of Col	poraciona		
	Enterprises LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kirsten Goodnow		
		Name of Person	
	Goodnow Enterprises LLC		
		Firm/Company	
	4789 NW Lyons St		
	 	Address	
	Arcadia FL 34266		
		City/State and Zip Code	
	Allamericandemorepair@gr	mail.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please co	all:	
Kirsten Goodnow		941 735-6968 at (
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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:

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

Goodnow Enterprises LLC		
(Name of the Limited Liability C (A Florida Lia	company as it now appears on our records. mited Liability Company))
	enization for this Limited Liability Company were filed on January 10,2017	
Florida document number L17000007472		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
Gustovich Enterprises LLC		
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 offices address, if applicable:		75 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	<u> </u>	20 mm
		SET OF THE
Enter new mailing address, if applicable:		7 7
(Mailing address MAY BE A POST OFFICE BOX)		GR. T.
.		₽n e
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres	· · · · · · · · · · · · · · · · · · ·	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brian Gustovich	4789 NW Lyons St	■ Add
		Arcadia, FL 34266	□ Remove
			☐ Change
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`an effective date lote: If the dat	if other than the date of is listed, the date must be specific te inserted in this block does active date on the Departmen	ic and cannot be p not meet the ap	olicable statutory fili	(option more than 90 days after filing requirements, this d	ing.) Pursuant to 605.0	1207 d
e record spe The 90th d	ecifies a delayed effecti ay after the record is fi	ve date, but led.	not an effective	time, at 12:01 a.r	n. on the earlier	of:
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	MALL	/ /	4		T- 1	
	Signature	of a member of a	uthorized representati	ve of a member	3SS.A	
	Signature	ten	uthorized representation of signee	dnow	(A) = 1	

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Filing Fee: \$25.00