## 117000A1736

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



600303299776

03/05/17--01022--008 \*\*60.00

File



## **COVER LETTER**

| TO: Registration :<br>Division of Co |   |   |   |
|--------------------------------------|---|---|---|
| SUBJECT:                             | GODY'S TO                                       | ted Liability Company   |   |
| The enclosed Articles o              | of Amendment and fee(s) are subr                | nitted for filing.  |   |
| Please return all corres             | ondence concerning this matter t                | o the following:  |   |
|                                      | Ch  | Name of Person  | <u></u>   |
|                                      |   | dnoe Media  | Group   |
|                                      | <u> 4147</u>                                    | Chelswort   | h Dr  |
|                                      | Oclar   | OO FL 37  | <i>535</i>  |
|                                      | E-mai/address: (1                               | o be used for future annual report notifi                                 | ahoo. Com   |
| For further information              | concerning this matter, please ca               | dl:   |   |
| Chris (                              | 100000e<br>of Person                            | at ( <u>Z31</u> ) <u>366</u><br>Area Code Daytime                         | Telephone Number  |
| Enclosed is a check for              | the following amount:                           |   |   |
| □ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

| GOODY'S  | Tees LLC   |
|--|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid                                 | ility Company as it now appears on our records.) da Limited Liability Company) |
|  | 1 2 1 7  |
| The Articles of Organization for this Limited Liability                          | Company were filed on 4 -25 - 1 and assigned                                   |
| Florida document number <u>L 170000 9 17 3</u>                                   | 3/2  |
| Piorida document fumber  |  |
| This amendment is submitted to amend the following:                              |  |
|  |  |
| A. If amending name, enter the new name of the $\lim_{n \to \infty} \frac{1}{n}$ | nited liability company here:  |
| GOODNOE MED  | ia Group LLC   |
| The new name must be distinguishable and contain the words "Lin                  | mited Liability Compan)," the designation "LLC" or the abbregiation ".L.C."    |
| Pater and minimal officer address if amiliable                                   | Eca .  |
| Enter new principal offices address, if applicable:                              |  |
| (Principal office address MUST BE A STREET ADD                                   | ORESS)   |
|  |  |
|  | FI ST  |
| Enter new mailing address, if applicable:  | GRIEF CONTROL  |
| *  | P 9  |
| (Mailing address MAY BE A POST OFFICE BOX)                                       |  |
|  |  |
|  |  |
|  | istered office address on our records, enter the name of the new               |
| registered agent and/or the new registered office add                            | uress nerc:  |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| New Registered Office Address.   | Enter Florida street address   |
|  |  |
| ·  |  |
|  | sult a season  |

## 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>Title</u> | Name         | Address                             | Type of Action |
|--------------|--------------|-------------------------------------|----------------|
| MGR          | Wendy Watson | 1380 Rabourn Rd<br>Kalkaska MI49646 | <b>J</b> Add   |
|              | ι            | Kalkaska MI49646                    | Remove         |
|              |              |                                     | Change         |
|              |              |                                     |                |
|              |              |                                     | Remove         |
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|   |                    |                   |                     |  | SEP -  |
|   |                    |                   |                     |  | <del>(A) 22 (M</del>   |
|   |                    |                   |                     |  | C. P.C.  |
|   | <del></del>        |                   |                     |  | ORIDA  |
|   |                    |                   |                     |  | <i>&gt;</i>  |
|   |                    |                   |                     |  |  |
|   |                    |                   |                     |  |  |
|   |                    |                   |                     |  |  |
| fective date, if other than neffective date is listed, the da | n the date of fili | ing:              |                     | (opt   | tional)  |
| ote: If the date inserted in t                                | his block does no  | t meet the applic | able statutory fili | nore than 90 days aft<br>ng requirements, th | er filing.) Pursuant to 605.0<br>tis date will not be listed |
| cument's effective date on                                    | the Department o   | f State's records | •                   |  |  |
| record specifies a de   | layed effective    | date, but no      | ot an effective     | time, at 12:01                               | a.m. on the earlier  |
| The 90th day after the  |                    |                   |                     |  |  |
| 1   | 30                 | 7017              |                     |  |  |
| nod AUGUST  | /                  | <u>~~</u>         |                     |  |  |
| ned August  | 08                 |                   | . / )               |  |  |

Page 3 of 3

Filing Fee: \$25.00