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COVER LETTER

TO: Registration Sec Division of Corp				
GOODS4A	LL LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	DAVID GOLDIS			
		Name of Person		
	CG ACCOUNTING CORF) .		
		Firm/Company		
	3113 STIRLING ROAD, S	UITE 102		2023
		Address		
	FT LAUDERDALE, FL 33	312		2023 JUN 16 PM 3: 15 SECRETARY OF STATE TALLAHASSEE, FL
		City/State and Zip Code		PH SSE SSE
	DAVID@CG-ACCOUNTII			ြက်ပြု ည
		o be used for future annual report notifi	cation)	FATE
For further information co	oncerning this matter, please ca	III;		
DAVID GOLDIS		954 964.9220 at ()		
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (c of Status &
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOODS4ALL LLC		
(Name of the Limited Liabili (A Florida	ty Company as It now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/17/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Principal office address MUST BE A STREET ADDI	RESS)	HAN I 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	HEN KASIS	6813 SIENNA CLUB DRIVE	≣ Add
		LAUDERHILL, FL 33319	□Remove
			□Change
			□Add
			□Remove
			2000 JUN
	<u> </u>		ASSER. FI
			☐Cha uge
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				P# SEE
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be price does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pussualitio 605 0207 will not be listed as
e record specifies a delayed effective da ed is filed.	ite, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	; 90th day after the
Dated	2023	<u> </u>		
Dated JUNE 13 Chas Sai Sig Elad Said	λ			
Sia Sia	nature of a member or aut	horized representative of	a member	

Filing Fee: \$25.00