

L17000176105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

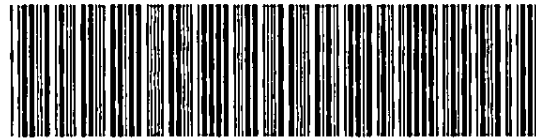
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 6 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

DANIEL PECKMAN
908 NE 15TH AVE
FT LAUDERDALE, FL 33304

SUBJECT: 15FTL GUESTHOUSE, LLC
Ref. Number: L17000176105

We have received your document for 15FTL GUESTHOUSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN PROFIT CORP, but your entity is a FLLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 518A00000633

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STATE OF FLORIDA
TALLAHASSEE, FL 32304

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FEB 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 15 FTL Guesthouse, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Peckman
Name of Person
Las Olas Guesthouse, LLC
Firm/Company
908 NE 15th Ave
Address
Ft. Lauderdale, FL 33304
City/State and Zip Code
dan@lasolasguesthouse.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Daniel Peckman at (954) 683-6250
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

* Pre-paid \$35 - see attached letter

- ☐ \$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:
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**

15 FTL Guesthouse, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/17/2017 and assigned Florida document number L17000176105.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOOD Assets, 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:

(Principal office address MUST BE A STREET ADDRESS)

908 NE 15th Ave

Ft. Lauderdale, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Daniel Peckman

New Registered Office Address:

908 NE 15th Ave

Enter Florida street address

Ft Lauderdale

City

Florida

33304

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Peckman	908 NE 15 th Ave	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Guisela Peckman	908 NE 15 th Ave	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 29, 2018

Signature of a member or authorized representative of a member

Daniel Peckman
Typed or printed name of signer