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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ви	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

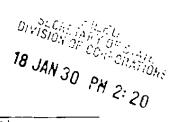
ΓΟ: · Regisfration Se Division of Cor			
	FE DEVELOPERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTOINE MATAR		
		Name of Person	
	BLACKBIRD SERVICES	S. INC.	
		Firm Company	
	4712 W. TAMBAY AVE.		
		Address	
	TAMPA, FL 33611		
		City/State and Zip Code	
	amatar@metzleradvisory.co		
	E-mail address: (to be used for future annual report notif	leation)
For further information of	concerning this matter, please c	all:	
DONG KI LEE		727 460-8204	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fiting 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



GOOD LIFE DEVELOPERS, 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 Co	ompany were filed on	1/4/2018	and assigned
Florida document number L18000003515			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," t	he designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	*		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Emer	Florida street address	
	, Florida		
	City	 -	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance gent as provided for	of my duties, and in Chapter 605, F.,	Lam familiar with and S. Or, if this document is
	If Changing Registere	d Agent. <u>Signature of 3</u>	New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BETTER LIFE, LLC	P.O. BOX 10015	Add
		TAMPA, FL 33679	■ Remove
		P.O. BOX 10015	Change
AMBR	LUCAPITAL MANAGEMENT, L	TAMPA, FL 33679	
			Remove
		-	Change
			Add
			Remoder of the Second Application of the Sec
			30 de H 2: Reindre
			Change
			□ Remove
			Change
			Add
			□ Remove

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fective date, if other than the dat in effective date is listed, the date must be interest. If the date inserted in this block is betweent's effective date on the Depar	does not meet the ap	plicable statutory	or more than 90 days a filling requirements.	otional) (ter filing.) Pursuant to this date will not be	605,0207 listed as t
record specifies a delayed ef The 90th day after the record		: not an effecti	ve time, at 12:0:	1 a.m. on the ea	rlier of
JANUARY 8	2018				
		$\frac{1}{2}$			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00