## 118000019714

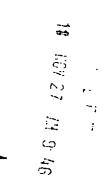
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Antoinio .41/27/18--01015--032 \*\*25.00



O SIMMONS NOV 2 9 2018



November 20, 2018

JADA WARE 238 N STATE RD 7 MARGATE, FL 33063

SUBJECT: GUD GIRL GONE BAD LLC

Ref. Number: L18000019714

We have received your document for GUD GIRL GONE BAD LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 118A00023870

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

Division of Cor	rporations			
	ione Bad LLC			20
SUBJECT:		nited Liability Company		2018 NOV - 6
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		. b
Please return all correspo	ondence concerning this matter	to the following:		PE 12: 27
	Jada Ware			27
		Name of Person		
	Gud Girl Gone Bad LLC			
		Firm/Company		
	238 N State Rd 7			
	<del></del>	Address		
	Margate FL 33063			
	gudgirlgone@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please co	all:		
Jada Ware		754 205-5430 at ()	Telephone Number	
Name o	of Person	Area Code Daytime	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 Sta Certified Copy (additional copy is en	tus &

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

GUD GIRL GONE BAD LLC	and as if how appropriate An old Free	und.
( <u>Name of the Limited Liability Comp:</u> (A Florida Limited	Liability Company)	<u>11 (45.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 1/22/18	and assigned
lorida document number L18000019714		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	238 N State Rd 7	
Principal office address MUST BE A STREET ADDRESS)	Margate FL 33063	69
		27
nter new mailing address, if applicable:	238 N State Rd 7	
Mailing address MAY BE A POST OFFICE BOX)	Margate FL 33063	<u> </u>
		•- 5)
3. If amending the registered agent and/or registered o		rds, enter the name of th
egistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	e et et	
	Enter Florida street add	ress
		Florida Zip Code
	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>	<u>Address</u>	Type of Action
MGR	Jada Ware	238 N State Rd 7 Margate FL 33063	<b>■</b> Add
		Tatianna Davis	
			<b>⊠</b> Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
		<del></del>	☐ Remove
			☐ Change
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ffective date, if other than	the date of filing:	(optional)
ote: If the date inserted in th		g or more than 90 days after tiling.) Pursuant to 605.02 tilling requirements, this date will not be listed
e record specifies a dela The 90th day after the		ive time, at 12:01 a.m. on the earlier
ated Nov 5	2018	
A 1	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00