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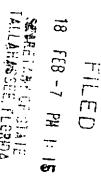
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COVER LETTER

SUBJECT:	THE GOO	D GU	45	LLC	
-	Name of Limited Liability Company Inclosed Articles of Amendment and fects) are submitted for filing. The good govs //C Pfm/Company 4 Goodway Ci/ Address Fort Myers FC 3390/ City/State and Zip Code Cod y Jen/35 3 3 ama. 1 (0 m) E-mail address: (to be used for future annual report notification) Area Code Name of Person at (239) Name of Person Area Code Soo.00 Filing Fee & Soo.00 Filing Fee & Soo.00 Filing Fee.				
The enclosed Articles of Ai	mendment and fee(s) are	submitted for fili	ng.		
Please return all correspond	lence concerning this made	ter to the followi	ng:		
	<u>Cody</u>	Jen K	S f Person		
	The go	pod 301/3	ompany		
	<u>4 broad</u>	Sway C	ress		
	Fort N	lyers /	FL ,	3390,	<u>/</u>
	Cady Jer E-mail addres	IS 3 3 ss: (to be used for f	ama', , (port notification)	
For further information con					
Name of P	erson	at (2 Are	239) 7 ra Code	39 - 71 Daytime Telepho	4 Z me Number
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	Certin	Filing Fee & ied Copy nal copy is enclo		\$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**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number 41800023763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designation "LLC"	or the abbreviation "L.L.C."
•	ny company, the designation less	or the above visition.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>≥</u> <u>M</u> ∞
Frincipal office duaress SIOST BE A STREET ADDRESS		
		- 7 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 .	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:	Isey Barker	1
New Registered Office Address:	Soadway Cil Enter Florida street address	
	VYE(5 Flo	
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
MCR	Cody Jenks	- 4 roadway cir	🗆 Add
		Fort Myers FL, 33901	Remove
		- 4 Broadway cli	Change
MGR	Steve Zambrano	Fort Myers, Ec. 3390	/D Add
			∠ Remove
			Change
MCR	Chelsey Bruker	4 Breadway Cir	Add
		Fort Myers FC 33901	☐ Remove
			Change
			🗆 Adđ
			Remove
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Filing Fee: \$25.00

Typed or printed name of signce