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COVER LETTER

	tration Section of Corpo			
SUBJECT:	GOOD LL	C		
50mmc1		Name of Lim	ited Liability Company	
The enclosed A	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return al	ll correspond	ence concerning this matter	to the following:	
		MARLON ARTURO PRI	ETO PORRAS	
			Name of Person	****
		C.GOOD LLC		
		-	Firm/Company	
		8000 NW 31 STREET SUITE 13		
			Address	
		MIAMI, FL 33122		
			City/State and Zip Code	
		MARLONPRIETO@CGO		
			to be used for future annual report	notification)
For further infe	ormation con-	cerning this matter, please or	ill:	
MARLON AR	TURO PRI	ETO PORRAS	561 410-863	2
	Name of P	erson	at () Area Code Day	rtime Telephone Number
Enclosed is a cl	heck for the	following amount:		
□ \$25.00 Fili	ng 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

C.GOOD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000058024	were filed on 03/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SION AU
		- 0FA
Inter new mailing address, if applicable:		O F
Mailing address MAY BE A POST OFFICE BOX)		
Studing duaress MAT BE A PUST OFFICE BUAL		
		
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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
AMBR	JUAN C. BELTRAN	8000 NW 31 STREET SUITE 13	
		MIAMI, FLORIDA 33122	Remove
			Change
	 		
			Remove
			□ Change
			Remove
			Change
			
			Remove
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			Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing to cument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to requirements, this date will not be	605,020 listed a
record specifies a delayed effective date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier c
he 90th day after the record is filed.		
acd AUGUST 7		
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Typed or printed name of signee

Filing Fee: \$25.00