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| Special Instructions to | Filing Officer:     |           |
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Office Use Only



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June 6, 2018

JONARD BENNETT 198 ARORA BLVD APT 408 ORANGE PARK, FL 32073

SUBJECT: GOOD BUSINESS, LLC

Ref. Number: L18000069003

We have received your document for GOOD BUSINESS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 118A00011808:

Medicate See Pages for Correction! Thanks! &

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

| 1005, de Tr   | regele. LLC   |
|---|---|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | as it now appears on our records.)  bility Company)   |
| The Articles of Organization for this Limited Liability Company w   | vere filed on Minister in 1995 and assigned           |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited liability |   |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | Same as potone  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   | Some us trofece                                       |
| B. If amending the registered agent and/or registered offi<br>registered agent and/or the new registered office address here:                   | ice address on our records, enter the name of the new |
| Name of New Registered Agent:   | 4 - Same as before                                    |
| New Registered Office Address:  | Enter Florida street address                          |
|   |   |
|   | City , Florida 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 = N $AMBR = N$ | Manager<br>Authorized Member |                |                |
|--------------------|------------------------------|----------------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address        | Type of Action |
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Filing Fee: \$25.00