

# L18000161737

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOOD HUMAN NETWORK LLC

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AUG 01 2018

07/28/2018 18:58 554-437-3737

FEDEX OFFICE 8670

PAGE 01

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: GOOD HUMAN NETWORK LLC**Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne MoseleyName of PersonLegalzoom.com, Inc.Firm/Company101 N. Brand Blvd., 11th FloorAddressGlendale, CA 91203City/State and Zip Codesteve4961@aol.comE-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne MoseleyName of Person800at ( )Area Code773-0888 ext. 9724Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☒ \$55.00 Filing Fee &  
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(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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOD HUMAN NETWORK 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 Company were filed on 07/03/2018 and assigned  
Florida document number L18000161737.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

320 S Flamingo Rd.

321

Pembroke Pines, Florida 33027

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

320 S Flamingo Rd.

321

Pembroke Pines, Florida 33027

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSS, STEVEN	320 S. FLAMINGO RD. #321	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33027	<input checked="" type="checkbox"/> Remove
AMBR	ROSS, STEVEN	320 S Flamingo Rd.	<input checked="" type="checkbox"/> Add
		321	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33027	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 28<sup>th</sup> 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Steven Ross

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

2018 JUL 31 PM 3:35  
CLERK OF COURT  
CLERK OF COURT