18000235369

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COVER LETTER

SUBJECT:	Good Decisions LLC		
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	(Develand A. Jennings, Sr	
		Name of Person	
		Good Decisions LLC	
		Firm/Company	
	9307 BA	RRINGTON OAKS DRIVE	
	·	Address	
		DOVER, FL 33527	
		City/State and Zip Code cmj321@aol.com	
	E-mail address:	to be used for future annual report	notification)
For further information	concerning this matter, please c		
Cleveland A.		813	758-1110
Name of Person		at () Area Code Da	vtime 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

FILED

2018 OCT 23 PM 2: 04

Florida document numberL18000235369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Good Decisions Prime Smoked BBQ Grill LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevance new principal offices address, if applicable: [Principal office address MUST BE A STREET ADDRESS] Enter new mailing address, if applicable:	ASSEE, FL
Florida document numberL18000235369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Good Decisions Prime Smoked BBQ Grill LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevanter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	•
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Inter new mailing address, if applicable:	
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the	name of the
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City	Cip 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
			Add
			Remove
			Change
			Add
			☐ Remove
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