



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I2012000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CONTROL@ABK CORP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOOD FUTURE INTERNATIONAL LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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2019 OCT 29 PM 2:28
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

OCT 20 2018
T. LEMIEUX

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD FUTURE INTERNATIONAL 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:

JULIA TEDESCO

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY ROAD SUITE 140

Address

ORLANDO FL 32811

City/State and Zip Code

CONTROL@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIA TEDESCO

407 898-1757
at ()

Name of Person

Area Code

Daytime 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:
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
FILED

GOOD FUTURE INTERNATIONAL LLC

2019 OCT 29 P 2:28

(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 11/14/2018 and assigned
TALLAHASSEE, FLORIDA

Florida document number L18000266578

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14841 WINKFIELD CT

(Principal office address MUST BE A STREET ADDRESS)

WINTER GARDEN FL 34787

Enter new mailing address, if applicable:

14841 WINKFIELD CT

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN FL 34787

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:

CLEYTON SOUZA ANDRADE

New Registered Office Address:

14841 WINKFIELD

Enter Florida street address

WINTER GARDEN

Florida 34787

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.

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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>	<u>Type of Action</u>
AMBR	CLEYTON SOUZA ANDRADE	14841 WINKFIELD WINTER GARDEN FL 34787	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	FRANCIELE HUBNER TEIS ANDRADE	14841 WINKFIELD WINTER GARDEN FL 34787	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/25 2019

Signature of a member or authorized representative of a member

Clayton Souza Andrade

Typed or printed name of signer

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