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S. YOUNG

## **COVER LETTER**

TO;	Registration Sec Division of Corp					
SUBJE	СТ:	Good Grys South	LLC ited Liability Company	·- <del></del>		
The enc	losed Articles of a	Amendment and fee(s) are subi	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Rica	rdo Jose VosqueZ Name of Person			
		Good	GUYS SOUTH LLC			
		20616 NM	S5th COURT #856 Address		18 DEC SECONS I	T1
		Miomi Gar	dens fl 33055		13 T	
		E-mail address: (1	City/State and Zip Code  VS. SIVTHOC @ IMOI. Code  the used for future annual report notifi	OW)	DEC 13 PH 4: 32 ANIASSEE, FLORIDA	<u></u>
For furt	her information ec	oncerning this matter, please ca	ill:			
	Name of	). VasqveZ Person	at ( <u>786</u> ) <u>877 - 6</u> Area Code Daytime	387 Telephone Number		
Enclose	d is a check for th	e following amount:				
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

<u> 6000 GVI</u>	15 South LLC		<del></del>
( <u>Name of the Limit</u>	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number	iability Company were filed on	Nevember 311, 18	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	<del>_</del> <del>_</del>	
(Principal office address MUST BE A STREE	T ADDRESS)		ET IS
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		#: 83 Onio A
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, <u>enter</u>	the name of the r
Name of New Registered Agent:	Accordo Jose Vasi	TUPL	
New Registered Office Address:		VI + 485 V rida street address	
	Migmi Gordens	, Florida	33055
	City		Zip Code
You Desistand Asset's Signature, if changing I	Pagietarad Agants		

## 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 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>bwaer  Mg</u> r	Accordo lose Vasquez	20614 N.W S5th LOUIT #856 MIOMI GARDENS FL 33055	Z Add
			Remove
			☐ Change
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			Change FILED RESSEE, FLORIDA
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, it amene	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Fig. 20
	ONDA ONDA
(If an effect Note: If	e date, if other than the date of filing:
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	December 10, 2018
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00