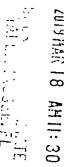
(Requestor's Name)
(requestors reme)
(Address)
(13333)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

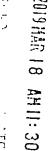
Office Use Only



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COVER LETTER

то:	Registration S Division of Co	iection rporations						
CIID ICA		GOOD BLUEPRINT, LLC						
SUBJEC	I:							
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all corresp	ondence concerning this matter	to the following:					
		BRIANNA GOOD						
			Name of Person					
		GOOD BLUEPRINT, LLC						
			Firm/Company					
		PO BOX 4297						
			Address					
		TAMPA, FL 33677						
		City/State and Zip Code BRIANNA.K.GOOD@GMAIL.COM						
		E-mail address: (to be used for future annual report notifi	cation)				
For furth	ner information	concerning this matter, please ca	ıil:					
BRIAN	na good		813 7289209					
	Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed	I 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)				
		LING ADDRESS:	STREET/COURIE					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 MAR 18 AM 11: 30

GOOD BLUEPRINT, 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 Compar Florida document number $\frac{L19000033492}{L19000033492}$.	iy were filed on FEBI	RUARY 1, 2019 ai	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			··
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>enter the n</u>	ame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	i street address	
	City	, Florida	72 I
Now Designated Assessed Assess	•	<i>Е</i> ф	Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this cap te performance of m s provided for in Cha	v duties, and I am familic apter 605, F.S. Or, if this	ir with and document is

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
MGR	ANDREA KALLBERG	PO BOX 4297 TAMPA, FL 33677	■ Add
			☐ Remove
			Change
			
			Remove
			Change
		-	Add
			Remove
		-	Change
			□ Remove
			Change
		<u> </u>	□ Remove
			☐ Change
			Add
			☐ Remove
			Change

				
				
			<u> </u>	
		·		
	_			
Effective date, if other than the if an effective date is listed, the date must be inserted in this blaceument's effective date on the D	st be specific and cannot be ock does not meet the a	e prior to date of filing or a applicable statutory fili	(optional) nore than 90 days after filing.) ng requirements, this date v	Pursuant to 605,0207 (vill not be listed as t
ne record specifies a delayed The 90th day after the rec		ut not an effective	time, at 12:01 a.m. o	n the earlier of:
Dated MARCH 13	2019			
	Signature of a member o	SOA	e of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00