L19 0000 56164

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COVER LETTER

TO: Registration Se Division of Cor			\$
GOOD FOR	R U LEC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TIMPANARO OSCAR A		
		Name of Person	
	GOOD FOR U LLC		
	8414 NW 66 ST	Firm/Company	
		Address	
	MIAMI, FL 33166		
	otimpanaro@eurotrade-gro	City/State and Zip Code up.com	
For further information of	E-mail address: (oncerning this matter, please or	to be used for future annual report noti	fication)
TIMPANARO OSCAR	-	305 507-4411	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
Mall	INC AMMDECE.	STDEET/COUDI	Ph annece.

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOD FOR UILLC			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	it now appears on our recor y Company)	<u>ds.</u>)
The Articles of Organization for this Limited 1	Liability Company were	filed on 03-01-2019	and assigned
Florida document number L19000056164			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			119.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			3. 6
B. If amending the registered agent and registered agent and/or the new registered of		address on our record	ls, enter the name of th
Name_of New Registered Agent:	CESAR A TELLEZ		
New Registered Office Address:	2656 NW 97TH AVE	:	
		Enter Florida street addre	35
	DORAL	, F	lorida ³³¹⁷²
	Ċ	Mtv	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 wiprovisions 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	CONTRERAS, ORLANDO A	8414 NW 66 ST	
		MIANU DI 22144	
		MIAMI, FL 33166	Remove
			B Kellikke
			Change
MGR	REY, RICARDO	8414 NW 66 ST	
		MIANU III 22166	_ Add
		MIAMI, FL 33166	■ Remove
			B Kemove
			Change
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L'éfenation date if athauth	06-30-2019	(na Na na N
(If an effective date is listed, the o	in the date of filing:ate must be specific and cannot be prior to date of filing or mor	e than 90 days after filing.) Pursuant to 605.0
	this block does not meet the applicable statutory filing the Department of State's records.	requirements, this date will not be listed
	elayed effective date, but not an effective tir	ne, at 12:01 a.m. on the earlie
The 90th day after th	e record is filed.	
Dated	2019	
Dated		
-	O(CO) A / icup and Signature of a member or authorized representative o	
	algularite of a memoer of authorized representative of	га тепбег
TIMPANARO, C		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00