

L19000 056 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

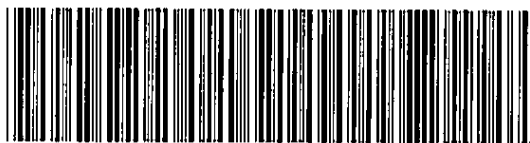
(Business Entity Name)

(Document Number)

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2019 AUG -9 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
AUG 14 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GOOD FOR U 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:

RICARDO REY SOTOMAYOR

\_\_\_\_\_  
Name of Person

GOOD FOR U LLC

\_\_\_\_\_  
Firm/Company

8290 NW 14 ST

\_\_\_\_\_  
Address

DORAL FLORIDA 33126

\_\_\_\_\_  
City/State and Zip Code

ricardo.rey@g4uweb.com

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

For further information concerning this matter, please call:

RICARDO REY SOTOMAYOR

786 3256359  
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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

GOOD FOR U LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 AUG -9 P 3:39

The Articles of Organization for this Limited Liability Company were filed on 03/01/2019 **SECRETARY OF STATE**  
Florida document number L19000056164 **TALLAHASSEE, FLORIDA**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

8290 NW 14 ST

DORAL FL 33126

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8290 NW 14 ST

DORAL FL 33126

**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: RICARDO REY SOTOMAYOR

New Registered Office Address: 8290 NW 14 ST

*Enter Florida street address*

DORAL

*City*

, Florida 33126

*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.*

  
**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>	<u>Type of Action</u>
AMBR	SAGMEISTER NINA A	3650 NW 82 AVE SUITE 405	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIMPANARO OSCAR A	3650 NW 82 AVE SUITE 405	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO REY SOTOMAYOR	8290 NW 14 ST DORAL FL	<input checked="" type="checkbox"/> Add
		DORAL FL 33126	<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

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

SENDING A PREVIOUS STATEMENT OF AUTHORITY FILE FORM

L19000056164

RICARDO REY IS THE LEGAL OWNER OF THE COMPANY

WITH NOTARIED DOCUMENT

08/07/2019

**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)*

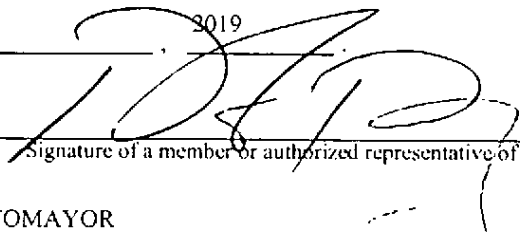
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08/07

2019

  
Signature of a member or authorized representative of a member

RICARDO REY SOTOMAYOR

Typed or printed name of signee