

L19000211547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

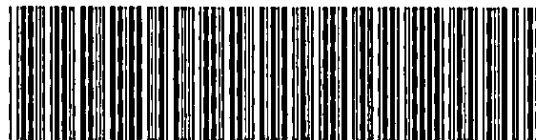
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2021 JAN -1, PM 3:39

2/8/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOD TIMES DISTRIBUTORS 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:

THAMARA PEREZ
Name of Person
TABADESA ASSOCIATES INC
Firm/Company
419 W 49 ST STE 111
Address
HIALEAH, FL 33012
City/State and Zip Code
TAMMYP@TABADESA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAMARA PEREZ 305 558-0622
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

GOOD TIMES DISTRIBUTORS 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 Company were filed on 08/19/2019 and assigned Florida document number L19000211547.

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)

44 VISTA GARDEN TRL # 202

VERO BEACH, FL 32962

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

44 VISTA GARDEN TRL # 202

VERO BEACH, FL 32962

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2021 JAN -4 PM 3:39

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

by 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability my 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>
MGR	HEIDI RAMIREZ MIJARES	1220 5TH ST	<input type="checkbox"/> Add
		VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ATILIO R CAPASSO SALAS	400 SW 1St Ave	<input type="checkbox"/> Add
		VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGIO DiMARCO	44 VISTA GARDEN TRL	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		VERO BEACH, FL 32962	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

Dated December 21, 2020

Di Marcos Leguis
Signature of a member or authorized representative of a member

Sergio DiMarco

Typed or printed name of signee