## L19000273688

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(business Entity Name)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			4
SUBJECT: GODA	<del></del>	Home LLC	· 
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Marcelo Grod Job 15 Aledo St Augustian Malaguttian	Name of Person Tile + Howe Firm/Company  Address	do UC
For further information con	E-mail address: ( cerning this matter, please c		ification)
Miranda I Name of P	nabihett	at (904) 540	8445 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Sob Tile & Han	
(Name of the Limited Liability Compa (A Florida Limited)  The Articles of Organization for this Limited Liability Company  Florida document number 4900273688	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Malaguti Art Sudios LLC  The new name unust be distinguishable and contain the words "Limited Liabile".	<del></del>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2521 Dobbs Rd II Unit 2 St Augustine FL 32086 II
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15 Aledo Court = - St Augustre FL 32086
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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 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>	Address	Type of Action		
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effective date is listed, the date muse:  If the date inserted in this bl	ock does not me	eet the applicab	date of filing or le statutory fil	more than 90 ing requirem	days after filing ents, this date	g.) Pursuant to will not be I	605.020° listed as
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	Signature of a me	1/		1////////	IIINWW	74.7	