L20000028335

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SEP 02 2020 S. YOUNG

COVER LETTER

GOOD DEA	LS,LLC	·	
SUBJECT:		ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jill DiSalvo		
	-	Name of Person	·
	DiSalvo & Associates		
		Firm/Company	
	1760 N. Jog Road, Suite 15	50	
		Address	
	West Palm Beach, FL 334	11	
		City/State and Zip Code	
	JDiSalvo@D-acpa.com E-mail address: (1)	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Jill DiSalvo		561 659.1177 at ()	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 Tallahassee, FL 32314

Street Address: 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

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GOOD DEALS,LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{01/22}{1}$	/2020 and assigned
Florida document number L20000028335		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here	:
Salerno & Associates, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 Greenway Villag	e N
(Principal office address MUST BE A STREET ADDRESS)	Apt 104	
	Royal Palm Beach,	FL 33411
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new register
igent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida	street address
	Enter Florida	street address

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>	Address	Type of Action
			□Add
			□Remove
		 	Change
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			
			□Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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Effective date, if other than the date of filing:	unt to 605.0207 (3) ot be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the o) The 90th day after the record is filed.	e earlier of:
Dated	
anthony Salerno	
Signature of a member or authorized representative of a member	
Anthony Salerno Typed or printed name of signee	