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COVER LETTER

Div	ision of Cor	porations		
CUD ICZY	Net Goods	LLC		
Name of Limited Liability Company				
he enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return	all correspo	ondence concerning this matter	to the following:	
		Jessica Candelaria		
			Name of Person	
		Accounting & Business Pa	artners LLC	
			Firm/Company	
		10730 102nd Ave.		
			Address	
		Seminole, FL 33778		
			City/State and Zip Code	
		NGD.Acctg@abpclient.con	n to be used for future annual report notifi	(ention)
or further in	nformation c	oncerning this matter, please c		Cattony
essica Cand	elaria		727 828-9945 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
inclosed is a	check for th	ne following amount:		
■ \$ 25.00 F	iling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mai	ling Address	s·	Street Address	



TO: Registration Section

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

Principal office address MUST BE A STREET ADDRESS)	Net Goods LLC					
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 "LLC." or the abbreviation "	(Name of the Limit	ed Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)			
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 "LLC." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new name of the abbreviation "LLC." The abbreviation "LLC." The new name of the abbreviation "LLC." The new name of the abbreviation "LLC." The abbreviation "LLC			filed on $02.04.2020$ and as	ssigned		
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 "LLC." or the abbreviation						
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Second	his amendment is submitted to amend the follo	owing:				
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Peter Liberatore Inter Florida street address Enter Florida street address Seminole Florida 33772	A. If amending name, enter the new name o	f the limited liability c	ompany here:			
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Peter Liberatore Inter Florida street address Enter Florida street address Seminole Florida 33772						
Enter new mailing address, if applicable: Solution of the new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: PHY LIDERATOR Enter Florida street address Seminole Florida 33772	he new name must be distinguishable and contain the w	•		L.L.C."		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Post Liberatore Post Liberat	Enter new principal offices address, if applicable: 5286 Seminolc Blvd, St Pete, FL 33708					
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: POST OFFICE BOX	<u>Principal office address MUST BE A STREE</u>	TADDRESS)				
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: POST OFFICE BOX						
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: POST OFFICE BOX		530	(C . ' . DI C. D . CI 23700			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: PETE LIBERATORE	Enter new mailing address, if applicable:	528	6 Seminole Blvd, St Pete, FL 33708	_		
Name of New Registered Agent: New Registered Office Address: Peter Liberatore Florida street address	Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
Name of New Registered Agent: New Registered Office Address: Peter Liberatore Florida street address				_		
Name of New Registered Agent: New Registered Office Address: Peter Liberatore Florida street address	3. If amending the registered agent and/or r	egistered office addres	ss on our records, enter the name of the na	w regist		
New Registered Office Address: H411 Walker Ave.			es ou our records, enter the name of the in	W region		
New Registered Office Address: II411 Walker Ave.		0 i	1.4.	-		
Seminole Florida street address Enter Florida street address Florida 33772	Name of New Registered Agent:	<u> Peter</u>	LIBERATORE			
Seminole Enter Florida street address	New Registered Office Address:	11411 Walker Ave.				
			Enter Florida street address			
City Zip Code		Seminole	, Florida ³³⁷⁷²			
-		C	ity Zip Code	· · ·		

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
MGR	Peter Liberatore	11411 Walker Ave., Seminole, FL 33772	□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
		- <u></u>	□Remove
			□Change
			□Remove
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_____ □Remove

_		
		
		
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		5
fective	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	[::
<u>ote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	to 605.020 be listed a
cumen	t's effective date on the Department of State's records.	
		7.:
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
	Nowal 7015 7623	
ited	November 30 th 2623 Signature of a member or authorized representative of a member	
	2 1	

Filing Fee: \$25.00

Typed or printed name of signee