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COVER LETTER

Divis	sion of Corpo	rations				
SUBJECT:	Goodtimers R	entals LLC				
SOBJECT.		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	_	
The enclosed	Afticles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return a	all correspond	ence concerning this matter	to the following:			
		Stephanie Wisnieske-Long				
			Name of Person			
			Firm/Company			
		PO Box 930				
			Address			
		Dade City, Florida 33526				
			City/State and Zip Code			
		swisnicske@gmail.com				
		E-mail address; (t	o be used for future annual re	port notification)		
For further inf	ormation con-	cerning this matter, please ca	dt:			•C.,
Stephanie Wis			352 467-5	5413		
	Name of Po	erson	Area Code	Daytime Telephone Nun	iber i	OF CO
Enclosed is a c	check for the f	following amount:			PH 2:	OF ST
□ \$25.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif ed) Certif	Filing Fee, 2 icate of Status & ied Copy onal copy is enclosed)) OF STATE RPORATIONS

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

Goodtimers Rentals 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 February 17, 2020 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 "LL.C." 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) 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

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Donald C Long Jr	2610 Paul S Buchman Hwy	≣ Add
		Zephyrhills, Fl 33540	
			□Change
AR	Kim Ridenour	4948 East Marsh Lake Drive	
		Hemando, Florida 34442	□Remove
			■Change
			□ Add
			□ Remove
		.	□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	0011710000
Note:	O2/17/2020 (optional) (interpretation of the date of filing: (optional) (interpretation of the 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	March 5 . 2020
	Signature of a momber or authorized representative of a member
	Stephanie Wisnieske-Long
	Typed or printed name of signee