

L20000148911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

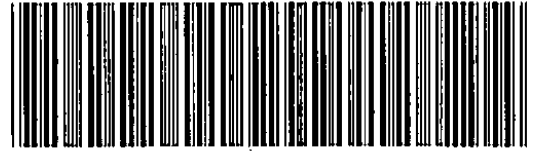
(Business Entity Name)

(Document Number)

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2020 JUN 29 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOODAF 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:

JAD HANANIA

Name of Person

GOODAF LLC

Firm/Company

12846 HAWK CREST PL

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

rackenjax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAD HANANIA

904

655-1945

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOODAF 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 JUNE 01, 2020 and as Florida document number L20000148911.

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

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)

SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent:

JAD HANANIA

New Registered Office Address:

Enter Florida street address

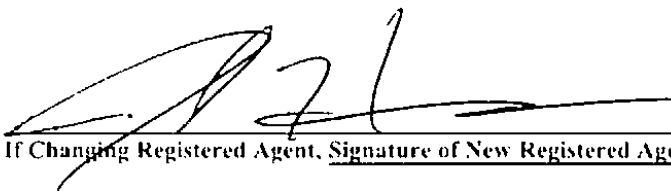
Florida

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 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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
AMBR	JASON BAJALIA	2909 ST. JOHNS AVENUE	<input type="checkbox"/> Ad
		JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
AMBR	SANDY SAOUD BAJALIA	2909 ST. JOHNS AVENUE	<input checked="" type="checkbox"/> Ad
		JACKSONVILLE, FL 32205	<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Ch

SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

(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 60
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis
document's effective date on the Department of State's records.

Dated JUNE 24, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00