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2020 AUG 11 PM 12: 22

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C. GOLDEN AUG 1 2 2020

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

The state of the s	,	, , , , , , , , , , , , , , , , , , ,
REQUEST DATE: 8/11/2020	PRIORITY Routine	OUR REF_#_(Order_ID#)

GOOD LIFE 1202 LLC

PLEASE PERFORM THE FOLLOWING SERVICES: GOOD LIFE 1202 LLC (FL)
File the attached amendment and provide a certified copy as evidence.
NOTES: \$55.00 Authorized
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, August 11, 2020 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 ATT 11 AM 7: 25

E 1202 I.LC
ny as it now appears on our records.) Liability Company)
were filed on 08/03/2020 and assigned
<u>ility company here</u> :
lity Company," the designation "LLC" or the abbreviation "L.L.C."
address on our records, enter the name of the new registered
Enter Florida street address
, Florida
City Zip Code
ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

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>	Name	Address	Type of Action
AMBR	MICHAEL RAO	69 BYRAM RIDGE ROAD	
		ARMONK, NY 10504	■Remove

			□Add
		*************************************	□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		 	□Change
<u></u>			□Add
		<u> </u>	[]Remove
			
			Remove
			Change.

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Filing Fee: \$25.00