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SECRETARY OF STATE

of 3/12022

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
AMERICA	N GOOD PRODUCTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS ENRIQUE POLO R	ODRIGUEZ	
		Name of Person	
		Firm/Company	
	2681 N FLAMINGO RD,	UNIT 106	
		Address	
	SUNRISE, FLORIDA, 33	3323	
		City/State and Zip Code	
	luis.enrique.polo@gmail.co		•
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
LUIS ENRIQE POLO R	ODRIGUEZ	305 7661922 at ( )	
Name o	f Person		: Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S  Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

AMERICAN GOOD PRODUCTS LLC

2022 FEB 22 AM 9: 36

(Name of the Limited Liability Company as it now appears on our records. BECRE LARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSET TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/30/2021}{1}$ and assigned Florida document number 1.21000148104 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." 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 City

## 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS ENRIQUE POLO RODRIG	20900 NE 30TH AVENUE SUITE 714	□Add
		AVENTURA, FLORIDA,33180	
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			□Add
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e record	specifies a delayed effective date,	but not an effective (	time, at 12:01 a.m. on	the earlier of: (b) The 90t	th day after the
rd is file	ed.				
Dated _	)2/15/2022	<u></u>			
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Filing Fee: \$25.00

Typed or printed name of signee