Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ROBIN GOOD LLC**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Robin Good 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 Compan Florida document number <u>L21000361908</u> .	y were filed on <u>08/11/21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.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)		
Maning university DE ATOST OFFICE BOX		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Enter Florida street addres	5.5
	, F)	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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	Rohith Amruthur	575 West Madison Street	lX∙Add
		Apartment 3402	□Remove
		Chicago, IL 60661	
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
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ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block comment's effective date on the Depart	does not meet the app	dicable statutory fil	(opti more than 90 days after ing requirements, thi	onal) Hiling.) Pursuant to 605 s date will not be liste	0207 (ed as t
record specifies a delayed effective dat I is filed.	e, but not an effective	e time, at 12:01 a.n	ı. on the earlier of: (b) The 90th day after	r the
October 7		1			
	Morgan Paka				
	ature of a member or ac				

Filing Fee: \$25.00