

L21000459315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

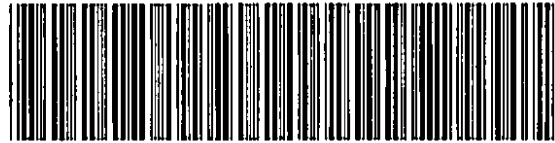
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*[Signature]*



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Do Good Feel Great 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:

Kristen Parske  
Name of Person

Doing Good Feeling Great LLC  
Firm/Company

5 Windsor Rd E  
Address

Jupiter, Florida 33469  
City/State and Zip Code

K. Parske@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Parske at (916) 538-8926  
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

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

(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 10/21/2021 and assigned  
Florida document number L21000459315.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Doing Good Feeling Great L.L.C.

The new name must be distinguishable and contain the words "Limited Liability 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)**

5 Windsor Rd E  
Jupiter FL 33469

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5 Windsor Rd E  
Jupiter FL 33469

**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:

Kristen Parske

New Registered Office Address:

5 Windsor Rd E

*Enter Florida street address*

Jupiter

*City*

Florida

33469

*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 being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kristen Parske	5 Windsor Rd E	<input checked="" type="checkbox"/> Add
		Jupiter FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Parske	5 Windsor Rd E	<input type="checkbox"/> Add
		Jupiter FL 33469	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2002 Jun 05 11:03

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

Dated July 21, 2022.

Signature of a member or authorized representative

Kristen Parske  
Typed or printed name of signee