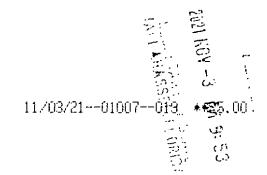
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12-02-21 TAS-

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: GOOD BUSINESS 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:
Jeisier Goozalez Name of Person
Firm/Company
2403 Topsail Island Way
Rissimmee Florida 34746 City/State and Zip Code
E-mail address: (1) be used foresture annual report notification)
For further information concerning this matter, please call:
Jeisier Gonzalez at (863) 669 - 3633  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 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)

(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $12100046491$	ny were filed on <u>JO</u>	/ 26/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia  The new name must be distinguishable and contain the words "Limited Lia	om Pan )	ation "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)		2021 HCV
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
New Registered Office Address:	Enter Florida s	treet 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 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

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Filing Fee: \$25.00