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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/07/2024

NAME: GOOD 2 GO PROPERTY LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

TO:	Registration Sec Division of Corp			
CRIES ES				
SUBJE	C1;	Name of Lim	nited Liability Company	#
The enc	losed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter		
		Michael Cassens		
			Name of Person	<u> </u>
		Good 2 Go Property LLC		
Firm/Company				
2406 Cypress Glen Cir #101				
			Address	
		Wesley Chapel, FL 3544		AH S
			City/State and Zip Code	AH 8: 37
		info.g2gproperty@gmail.co	om to be used for future annual report notification)	1
For furt	her information co	oncerning this matter, please c	•	
David C	lass		813 917-3252	
Name of Person			at () Area Code Daytime Telephone N	limber
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	1.1

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good 2 Go Property LLC

Good 2 Go 1 topolly LLC		[1	
(Name of the Limited	<u>Liability Company as it now appe</u> Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	pility Company were filed on $\frac{0}{2}$	03/07/2022	and assigned
This amendment is submitted to amend the follow	zing:		
A. If amending name, enter the new name of t	he limited liability company l	here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		<u>:</u>
(Principal office address MUST BE A STREET	ADDRESS)		10.1 10.1 10.1
Enter new mailing address, if applicable:			AH 8: SIA
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	•	records, enter the	name of the new regi
New Registered Office Address:			
	Enter F1	lorida street address Floric	1
	City	, Fiore	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance of ered agent as provided for in gistered office address, I hero	of my duties, and f Chapter 605, F\S	I am familiar with and I. Or, if this document
	If Changing Registered A	Agent, Signature of No	ew Registered Agent

if amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name Address Type of Action MGR Diane Fisher 120 BOSTON IVY CT \square Add HOMOSASSA, FL 34446 Remove ☐ Change Charles D Medalie MGR 781 Ashley Circle ≣∧dd Bradenton, FL 34201 □Remove ☐ Change [≾]□Add □Remove čátu tu (v) င္မာ Ω □Change ユヌ \square Add □Remove □ Change \square Add □Remove □ Change \square Add □Remove □Change