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Florida Department of State
 Division of Corporations
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L22000371350

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 TALLAHASSEE, FL
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CONTADORMIAMI.COM INC
 Account Number : I2020000130
 Phone : (954)345-7888
 Fax Number : (786)713-1940

****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
 GOOD GOODS TRUCKING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. BRUMBLEY

NOV 17 2022

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOOD GOODS TRUCKING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 NOV 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL
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The Articles of Organization for this Limited Liability Company were filed on 08/23/2022 and signed

Florida document number 122000371350

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 "L.L.C."

Enter new principal offices address, if applicable:

833 VISTA MEADOWS DR

(Principal office address MUST BE A STREET ADDRESS)

WESTON, FL 33327

Enter new mailing address, if applicable:

833 VISTA MEADOWS DR

(Mailing address MAY BE A POST OFFICE BOX)

WESTON, FL 33327

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

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

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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>
AMBR	GOOD GOODS LOGISTIC INC	12484 NW SOUTH RIVER DR, SUITE 323	<input type="checkbox"/> Add
		MEDLEY, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SP INVESTMENTS LLC	833 VISTA MEADOWS DR	<input checked="" type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINO ORDONEZ, JOSE J	833 VISTA MEADOWS DR	<input type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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