L23000020177

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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al Instructions to Filing Officer:				

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOD TIM	IE 55, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	v were filed on	01/09/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ality Company," the de	signation "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)			
		<u>.</u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		. Florida	
	City	, 2 3011000 _	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

Title	<u>Name</u>	Address	Type of Action
MGR Sasa Rendulic		3650 NW 82ND AVE. SUITE 401	□Add
		DORAL, FL 33166	□Remove
			≘ Change
			□ Add
			□Remove
			□C'hange
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			DRemove
			□Change
			□ Add
			Remove
			□Change

). If amendir	ng any other information, c	enter change(s) here: //AII	ach additional sheets	if necessary.)	
			<u>.</u>		
					
					
		· · · · · · · · · · · · · · · · · · ·			
(If an effective Note: If the	date, if other than the date re date is listed, the date must be spine date inserted in this block dos effective date on the Department	ecific and cannot be prior to date oes not meet the applicable st	of filing or more than 90 catmory filing requirem	_ (optional) lays after filing.) Pursuant ents, this date will not b	to 605,0207 (3 be listed as the
the record specord is filed.	ecifies a delayed effective date	, but not an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th da	y after the
Dated	February 27	. 2023	7		
	Signa	ture of a member or anthorized	representative of a member	er	
		Sasa Rential			
		Typed opplinted nam	e of signee		

Filing Fee: \$25.00