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COVER LETTER

TO:	Registration Sec Division of Corp		t-		
		r Good Enterprises LLC			
SUBJE	CT:	Name of Limit	ed Liability Company		
The enc	losed Articles of i	Amendment and fee(s) are subm	nitted for filing.		
Please re	eturn all correspor	ndence concerning this matter t	o the following:		
		STELLA DE FEX LOGAN	r		
			Name of Person	V-17	
		Life is Super Good Enterpr	ises LLC		
			Firm/Company		
		3797 South Atlantic Ave.,	Unit 202		
			Address	7823 , N III	
	Daytona Beach Shores, Fl 32118				
			City/State and Zip Code		
		stelladefex@msn.com		- 	
			o be used for future annual report not	ification)	
For furt	ther information c	oncerning this matter, please ca		့ တ	
STELLA DE FEX LOGAN		305 302-4956 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclose	ed is a check for t	he following amount:			
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S Division of Co			
Division of Corporations P.O. Box 6327			The Centre of	Tallahassee	
	Tallahassee,		2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nied Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on January 19, 2023 and assign	ied
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:	3797 SOUTH ATLANTIC AVE, UNIT 202	
(Principal office address MUST BE A STREET ADDRES	DAYTONA BEACH SHORES, FL 32118	
Enter new mailing address, if applicable:	39 CONSERVATION CT	
(Mailing address MAY BE A POST OFFICE BOX)	LE SALLE, IL 61301	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: KARLA C		egis
Name of New Registered Agent:	CT AND	
New Registered Office Address: 1013 SW (Enter Florida street address	
MIAMI		
MAN	City: Florida 33144 Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:	

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>	Address	Type of Action
			□Add
		·	□Change
			
			□ Remove
			□ Change
			□Remove □Change
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		-	□Remove
			□Change
	·		□Add
			□Remove
			□Change
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			□ Change

f amending any other informati	ion, enter change(s) here: (Anaen aaamonai sneeis,	y necessary.)
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ffantian data if athorethoretho	JULY 17th, 20	23	(ontional)
ffective date, if other than the can effective date is listed, the date must	be specific and cannot be prior to c	date of filing or more than 90 d	ays after filing.) Pursuant to 605.020
ote: If the date inserted in this blocking in the Deport of the Dep	ck does not meet the applicable partment of State's records.	e statutory tiling requireme	ents, this date will not be fisted as
record specifies a delayed effective	date, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
is filed.			
JULY 17th	2023		-: -:
ated			, ** ** **
	Shi	(X	<u>.</u>
	Signature of a member or authorize	ed representative of a member	
STELLA DE FEX LOGA	AN:		-
	Typed or printed n	name of signee	
	Abon or human	· · · · · · · · · · · · · · · · · · ·	် ယ

Filing Fee: \$25.00