

L230000066907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

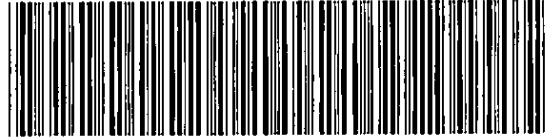
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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700403169067

FILED  
MAR -6 AM 9:37  
STATE  
FL

RECEIVED  
2023 MAR -6 PM 3:42  
ALLAHABAD, INDIA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \$ 35.00 25.00

Authorization Signature: Jan F. Allen

Good Neon LLC

L23000066907

**BUSINESS NAME** **DOCUMENT #**

     Certified Copy of Articles of Organization

  X   Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMMENDMENTS**

  X   Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution  
     Merger  
     Conversion  
     Amended and restated Articles  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name

     APOSTILLE       
Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement

     Other

**EXAMINER'S INITIALS:**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Good Neon LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Davies

\_\_\_\_\_  
Name of Person

Good Neon LLC

\_\_\_\_\_  
Firm/Company

1241 Stirling Rd Ste 109

\_\_\_\_\_  
Address

Dania Beach FL 33021

\_\_\_\_\_  
City/State and Zip Code

ddangelino@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Davies

954

661-4310

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2023 MAR -6 AM 9:37

Good Neon LLC

STATE  
OF FL

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

The Articles of Organization for this Limited Liability Company were filed on 02/06/2023 and assigned  
Florida document number L23000066907.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

1241 Stirling Rd Ste 109

Dania Beach FL

33004

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1430 Sheridan Street Apt 8G

Hollywood, FL 33020

**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:

Laura Van Riper

New Registered Office Address:

1241 Stirling Rd Ste 109

*Enter Florida street address*

Dania Beach

Florida

33004

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please make sure the zip is right

16:31 9:31 9-11-2025

STEF

100

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/6/2023

Signature of a member of \_\_\_\_\_

LARA VAN RIPEY

Typed or printed name of signer

**Filing Fee: \$25.00**