

L23000217190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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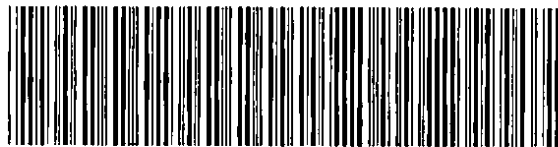
(Business Entity Name)

(Document Number)

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05/12/23--01/14--020 *\$20.00

2023 JUN 12 AM 7:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Value Guys
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Audina Wooster
Name of Person

Good Value Guys
Firm/Company

4867 NE 12th Ave
Address

Oakland Park, FL 3334
City/State and Zip Code

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

For further information concerning this matter, please call:

Audina Wooster at (954) - 687-2777
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**

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

2023 JUN 12 AM 7:55

The Articles of Organization for this Limited Liability Company were filed on 05/02/23 and assigned Florida document number L23000217190

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
GOOD VALUE GUYS LLC

Filing Information

Document Number	L23000217190
FEI/EIN Number	NONE
Date Filed	05/02/2023
Effective Date	05/02/2023
State	FL
Status	ACTIVE

Principal Address

4867 NE 12TH AVE
OAKLAND PARK 33334

Mailing Address

4867 NE 12TH AVE
OAKLAND PARK 33334

Registered Agent Name & Address

RAIDHAN, MAHOMED
4867 NE 12TH AVE
OAKLAND PARK, FL 3334

Authorized Person(s) Detail

Name & Address

Title CEO

RAIDHAN, MAHOMED
4867 NE 12TH AVE
OAKLAND PARK, FL 33334

Annual Reports

No Annual Reports Filed

Document Images

05/02/2023 -- Florida Limited Liability

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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	MAHOMED RAIDHAN	4867 NE 12 th Ave Oakland Park FL 3334	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AUDRIA WOOSTER	2086 Sylvan Lea Drive Sarasota FL 34240	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 6/5 23

A. Wheeler
Signature of a member or authorized representative of a member

Audria Wooster
Typed or printed name of signee