



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000200506 3)))



H2300020050634551

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING TAX PRO GROUP LLC
Account Number : I20220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

****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 IS GOOD LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

COVER LETTER

TO: Registration Section
Division of Corporations

H23 000 200 5063

SUBJECT: GOOD IS GOOD LLC

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:

MARIA E PADILLA ROSALES

Name of Person

Firm/Company

PO BOX 2143

Address

AUBURNDALE FLORIDA 33823

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA E PADILLA ROSALES

786 6087069

Name of Person

III (_____)_____
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

H23000 200 5063

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002005063

GOOD IS GOOD LLC

(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 05/12/2023 and assigned
Florida document number L23000234551.

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)

470 CITI CENTRE ST

WINTER HAVEN, FL 33880

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 2143

AUBURNDALE, FL 33823

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

H230002005063

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H230002005063

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	PADILLA ROSALES, MARIA E	PO BOX 2143	☐ Add
		AUBURNDALE, FL 33823	☐ Remove
			☒ Change
MBR	BASTIDAS MARTINEZ, ALDO /	PO BOX 2143	☐ Add
		AUBURNDALE, FL 33823	☐ Remove
			☒ Change
MBR	BELMONTES, PATRICIA S	281 WALKERS POINT DR	☐ Add
		AUBURNDALE, FL 33823	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

1423000 200 5063

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20-22 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet. There is no handwriting or printed text on the page.

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 605.020(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 _____ JUNE 02 2023

Signature of a member or authorized representative of a member

MARIA E PADILLA ROSALES

Typed or printed name of signee

4230002005063