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Division of Corporations

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SO GOOD CONSULTING LLC

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K. SALY AUG - 7 2024

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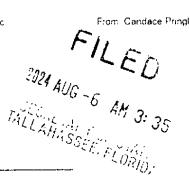
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## **COVER LETTER**

	GOOD	CONSULTING LLC			
SUBJECT:		Name of Lim	nted Liability Company		
The enclosed Art	Division of Corporations  SO GOOD CONSULTING LLC  Name of Lineted Liability Company  enclosed Articles of Amendment and feets) are submitted for filling.  se return all correspondence concerning this matter to the following:  Mike Town  Name of Person  Legalzoom.com, Inc.  Firm/Company  9900 Spectrum Dr  Address  Austin, TX 78717  Chystate and Zip Code  harry.sogoodconsulting &outlook.com  E-mail address: (& he used for fature annual report notification)  urther information concerning this matter, please call:  e Town  Name of Person  Name of Person  SOU  773-0888  at (				
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		E-mail address; (	to be used for future annual rep	oort notification)	
For further inforr	nation co	incerning this matter, please ca	all:		
Mike Town				0838	
	Name of	Person	at () Area Code	Daytime Telephone Number	r
Enclosed is a che	ck for the	e following amount:			
□ \$25.00 Filing		□ \$30.00 Filing Fee &	Certified Copy	Certifica eti Certified	ite of Status & l Copy
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		see, FL 32314		nive Center Circle	

Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SO GOOD CONSULTING 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  $\frac{03/13/2024}{1}$ \_\_\_\_ and assigned Florida document number 1.24000126377 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: So Good Marketing Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_, Florida \_\_\_

\_\_\_\_\_ Change

Page 5 of 6

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

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