

L24 000 1S8 264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400435475264

09/18/24--01003--022 **25.00

RECEIVED
2024 SEP 18 PM 2:04
ALLAHABAD, INDIA
SECRETARY OF STATE
TALLAHASSEE, FL
2024 SEP 18 PM 2:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRETTY GOOD BIZ, 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:

JAMES WATKINS
Name of Person

Firm/Company

300 ELLIS RD. TALLAHASSEE, FL
Address 32317

TALLAHASSEE, FL 32317
City/State and Zip Code

JWATKINS52@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WATKINS at (850) 591-9163
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PRETTY GOOD RIZ, 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 APRIL 8, 2024 and assigned Florida document number 24000158204

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

2024 SEP 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL

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:

SAME

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

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>
--------------	-------------	----------------	-----------------------

<u>AMBR</u>	<u>WATKINS FAMILY</u> <u>TALIST</u>
-------------	--

<u>300 ELLIS RD.</u> <u>TALLAHASSEE, FL 32317</u>	<input checked="" type="checkbox"/> Add
--	---

<input type="checkbox"/> Remove

<input type="checkbox"/> Change

<u>AMBR</u>	<u>JAMES WATKINS</u>
-------------	----------------------

<u>SAME</u>	<input type="checkbox"/> Add
-------------	------------------------------

<input checked="" 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

<input type="checkbox"/> Add

<input type="checkbox"/> Remove

<input type="checkbox"/> Change

2024 SEP 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315
SEP 18 PM 2:08
TALAMON, J. H.

(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.

Dated SEPT. 18, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMES M. WATKINS

Typed or printed name of signee