

8/1/22, 8:18 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M22000025837704670****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.**

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**To:**Division of Corporations
Fax Number : (850)617-6383**From:**Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.******Email Address:** Georgehofmann68@gmail.com**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****GOOD FRIDAY INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD FRIDAY INVESTMENTS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE HOFMANN

Name of Person

GOOD FRIDAY INVESTMENTS, LLC

Firm/Company

P.O. BOX 100781

Address

CAPE CORAL, FL 33910

City/State and Zip Code

GEORGEHOFMANN68@GMAIL.COM

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

For further information concerning this matter, please call:

GEORGE HOFMANN

Name of Person

at (215) 768-1400

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee
 ☐ \$30 Filing Fee & Certificate of Status
 ☐ \$55 Filing Fee & Certified Copy
 ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GOOD FRIDAY INVESTMENTS, LLC

Enter new principal office address, if applicable: 5615 RIVERSIDE DR

(Principal office address

MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33904

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

P.O. BOX 100781

CAPE CORAL, FL 33910

2. The Florida document number of this limited liability company is: M 22000004670

3. Jurisdiction of its organization: PA

4. Date authorized to do business in Florida: 03/28/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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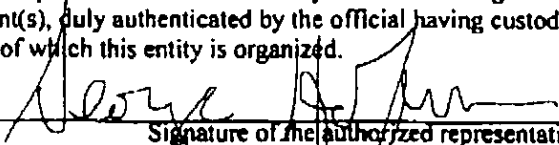
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

THIS IS ONLY A CORRECTION OF SPELLING OF THE LAST NAME

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HOFMANN, GEORGE	5615 RIVERSIDE DR	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input type="checkbox"/> Remove
MGR	HOFMANN, KAREN	5615 RIVERSIDE DR	<input type="checkbox"/> Add
		CAPE CORAL, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative
 GEORGE HOFMANN

Typed or printed name of signee

Filing Fee: \$25.00

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