

Florida Department of State
Division of Corporations
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L19000255403

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SECRETARY OF STATE
TALLAHASSEE, FL

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOOS INVESTMENT LLC

Certificate of Status	0
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C. BRUMBLEY

NOV - 3 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOOS INVESTMENT 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 10/10/2019 and assigned Florida document number L19000255403

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)

7610 NW 101 CT DORAL FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 BANKS RD STE 5011 MARGATE FL 33063

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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:

7610 NW 101 CT

Enter Florida street address

DORAL

City

Florida 33178

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>
MGR	GOMEZ G, MELANIE	7610 NW 101 CT	<input type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GOMEZ G, SAMANTHA	7610 NW 101 CT	<input type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OSPINA G, CLARA S	7610 NW 101 CT	<input type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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