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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Goon Ballin' 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:
Sonja Perry Name of Person
Goon Ballin' LLC Firm/Company
809 Golden Isles Dr. Address
Loganville 6A 30052  City/State and Zip Code  Good Ballin Ent (2 9mail . Com  E-mail address: (to be used for filture annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Son ju Perry at (239) 322-8763  Name of Verson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Goon Ballin' Ent	pany as it now appears on our red Liability Company)	ecords.)	
(A Florida Limite	d Liability Company)	•	
The Articles of Organization for this Limited Liability Compar	ny were filed on Ċ 🖇 📗	17 /2017 and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ahility company bere:		
the state of the s	tomer company nere.		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation	"LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET ADDRESS)		17	<b>≨</b> :::
		DE.	> :
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3. 49. 13. 16. 17.		5.	
Enter new mailing address, if applicable:			······································
Mailing address MAY BE A POST OFFICE BOX)			<u>;-</u>
		<u> </u>	<u>`:</u> -
		J	12.2 pm;
<ol> <li>If amending the registered agent and/or registered registered agent and/or the new registered office address here.</li> </ol>		cords, enter the name of	the nev
egistered agent and/of the new registered office address in	<u></u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street c	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 Title Name **Address Type of Action** Alanzo Edison 4921 Zana Dr., DAdd
Fort Myers, FL 33905 DRem AMBR ☐ Change □ Add \_\_\_\_\_ Remove ☐ Change \_\_ 🗆 Add ☐ Remove \_\_\_\_ Change □ Add \_□ Remove ☐ Change ☐ Add □ Remove \_\_\_\_ Change \_□ Add ☐ Remove ☐ Change

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ive date, if other than the date of fective date is listed, the date must be specifilf the date inserted in this block does rent's effective date on the Department	c and cannot be prior to not meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605.
cord specifies a delayed effective 90th day after the record is fil	/e date, but not ed.	an effective tim	e, at 12:01 a.m.	on the earlie
December 20	2017	_ ·		

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Filing Fee: \$25.00