

D1900000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

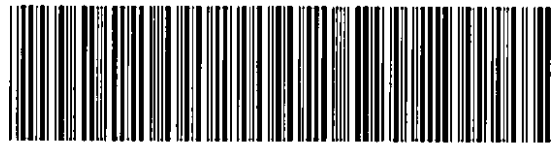
(Business Entity Name)

(Document Number)

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2019 JAN - 8 AM 8:26

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19 JAN - 8 AM 11:26

Amend/Declaration
of Trust

JAN 09 2019

ALBRITTON

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 1/8/2019
Acc#I20160000072

en: c DW

Name:	2012 Goodman Family GST
Document #:	
Order #:	11362123

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

Business Trust 2012 Goodman Family GST
NAME OF CORPORATION: _____

DOCUMENT NUMBER: D19000000002

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kassie Arndt

Name of Contact Person
The Goodman Group, LLC

Firm/ Company
1107 Hazeltine Boulevard, Suite 200

Address
Chaska, MN 55318

City/ State and Zip Code

licensing@thegoodmangroup.com

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

For further information concerning this matter, please call:

Sue Reiter _____ at (612) 618-1682
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of ~~Incorporation~~ Business Trust
of

2012 Goodman Family GST

(Name of ~~Corporation~~ as currently filed with the Florida Dept. of State)
Business Trust

D19000000002

(Document Number of ~~Corporation~~ (if known)
Business Trust
Business Trust

Pursuant to the provisions of section 607.1006, Florida Statutes, this ~~Florida Profit Corporation~~ adopts the following amendment(s) to the
its Articles of ~~Incorporation~~: Business Trust

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A single black diagonal line runs from the upper right edge towards the lower middle of the page, creating a triangular shape at the top right. The rest of the page is filled with parallel horizontal lines.

The date of each amendment(s) adoption: December 26, 2018, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment life date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the ^{trustee.} ~~incorporators without shareholder action and shareholder action was not required.~~

Dated 1/7/2019

Signature James A. Weichert
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

James A. Weichert
(Typed or printed name of person signing)

Trustee
(Title of person signing)