L14000196722

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Roun-a- Goosey, LLC Name of Limited Liability Company			
	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Paul "	Bennett Name of Person	
		Name of Person	
	Roun-a-G	noseu 110	
	1,000,00	Firm/Company	
	11635 Red	Road	
		Address	
	mirama	FL 33025 City/State and Zip Code y O 9 mail . Com o be used for future annual report notifie	
	Λ	City/State and Zip Code	,
	E-mail address: (f	o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca		
Paul	Bennett	at (954) 732 - 8 Area Code Daytime	203
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our recordiability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Lia Florida document number <u>L14000196</u>		were filed on December	30, 2014 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	11635 Red T	20ed 33025
(Principal office address MUST BE A STREET	「ADDRESS)	Miramar, FL	33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>3<i>0X</i>)</u>	11635 Red R Mirama, FL	20ad 33025
B. If amending the registered agent and/or the new registered off	fice address here	2:	
Name of New Registered Agent:	Sand	ra Wright	55 5-37 A
New Registered Office Address:	Sandra Wight 55 11435 Red Road 65 Enter Florida street address		S
	Miran	∩ ⊶, FI	orida 33 32 5
New Registered Agent's Signature, if changing R		•	
I hereby accept the appointment as registered	d agent and agr	ee to act in this canacity. I fu	orther garee to comply with th

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Sandre Wright	11635 Red Rd, Micama FL 3	302 5 2 Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
	·		🗖 Add
			□ Remove
			Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
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			Add
		 	Remove
			□ Change

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ective date, if other than the date of filing:	(optional)>
on effective date is listed, the date must be specific and cannot be prior to date of filing or more that one of the date inserted in this block does not meet the applicable statutory filing requorument's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.0207 (3)(b
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
nted August 10, 2015.	
Signature of a member or authorized representative of a n	nember
O > O	nemoor
LAUL D. BENNETT	
Typed or printed name of signee	

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Filing Fee: \$25.00