115000018229

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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02/13/15--01018--004 **25.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Gooee LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Esther Kimani		
		Name of Person	
	Gooee LLC		
		Firm/Company	
	1328 Dorothy Drive		
	 	Address	
	Clearwater, Florida.	33764	
		City/State and Zip Code	
	esthernk7@gmail.co		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Esther Kimani		727 480-6163	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000018229</u> .			_ and assigned	ı
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designati	ion "LLC" or the abbr	reviation "L.L.C."	,—
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	চেংগ্র ে	
		第	CD *1	——
		SSI	ω F	
Enter new mailing address, if applicable:			2 77	
(Mailing address MAY BE A POST OFFICE BOX)		r 0 -	E Green	
		<u> </u>	.55 	<u>·</u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ecords, <u>enter th</u>	e name of th	<u>е пе</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	t 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member				
<u> </u>	Name	Address 34 Benedictine Place. 25 London Road Type of Action		
MGR	Gooee Limited	St Albans. Herts ALI ILB. UK		
		1444 S. Beldre Road Suite 131 Remove		
AMBR	Gooee Limited	34 Benedictine Place. 25 London Road Stalbans. Herts ALI 1LB. UK BAdd		
		1444 S. Kelcher Road. Suite 131 Remove		
		□ Add		
		A SE Remove		
		SSEE, FLORID.		
		LI Welliove		
		·		
		Add		
		□ Remove		

D. If amo	Ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>†</u> -	De are expectively correcting the nailing address you Goose limited as Insmother entered was incorrect.
E. Effect	ive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	e this document is filed by the Florida Department of State)
Dated	February 10 , 2015
	Signature of a member or authorized representative of a member
	Estue - Kunaui Typed or printed name of signee

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Filing Fee: \$25.00

15 FEB 13 PM 4: 05
SECRETARY OF STATE