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(Requestor's Name)

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(City/State/Zip/Phone #)

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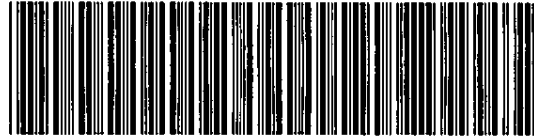
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.50 FEB 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gooee 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:

Esther Kimani

Name of Person

Gooee LLC

Firm/Company

1328 Dorothy Drive.

Address

Clearwater, Florida. 33764

City/State and Zip Code

esthernk7@gmail.com

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

For further information concerning this matter, please call:

Esther Kimani

at (727) 480-6163

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

Goose LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Goode Limited	34 Benedictine Place . 25 London Road St Albans . Herts AL1 1LB . UK	<input checked="" type="checkbox"/> Add
		1444 S. Belcher Road . Suite 131	<input checked="" type="checkbox"/> Remove
AMBR	Goode Limited	34 Benedictine Place . 25 London Road St Albans . Herts AL1 1LB . UK	<input checked="" type="checkbox"/> Add
		1444 S. Belcher Road . Suite 131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove

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• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are effectively correcting the mailing address for
Goose Limited as information entered was incorrect.

E. Effective date, if other than the date of filing: 02/10/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 10, 2015

Esther Kumari
Signature of a member or authorized representative of a member

Esther Kumari
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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