

L16 0000 92797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

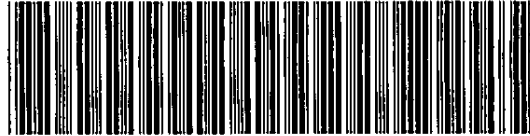
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300286361133

05/31/16--01006--019 **25.00

16 JUN 22 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

611



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

SHARON CARLSON
8195 COUNTY RD 208
ST AUGUSTINE, FL 32092

SUBJECT: GOOSE MASTERS OF NORTHEAST FLORIDA, LLC
Ref. Number: L16000092793

We have received your document for GOOSE MASTERS OF NORTHEAST FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 216A00011735

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOOSE MASTERS OF NORTHEAST FLORIDA, 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:

SHARON WILEY-CARLSON

Name of Person

Firm/Company

8195 COUNTY ROAD 208

Address

ST AUGUSTINE, FL 32092

City/State and Zip Code

SCARLSON79@AOL.COM

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

For further information concerning this matter, please call:

SHARON WILEY-CARLSON

Name of Person

at 904 612-7220
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOOSE MASTERS OF NORTHEAST FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/11/16 and assigned
Florida document number L16000092793.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: SHARON L. WILEY-CARLSON(LAST NAME WAS LISTED WRONG)

New Registered Office Address:

Enter Florida street 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHARON CARLSON WILEY	(NAME LISTED INCORRECTLY	☐ Add
			☐ Remove
			☐ Change
MGR	SHARON L. WILEY-CARLSON	(CORRECT NAME SPELLING)	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 JUN 22 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 22 AM 7:23

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.

Dated 5/24, 2016

Sharon L Wiley-Carlson
Signature of a member or authorized representative

Sharon L Wiley-Carlson
Typed or printed name of signer