2016-07-29 11:17:00 PDT

15128571031 From: Sarah Perales

7/19/2016

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H16000173703 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

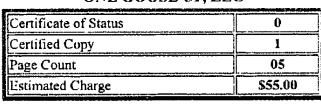
Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE GOOSE UP, LLC



Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

## **COVER LETTER**

Pivision of Co.	rporations		
	OSE UP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	endence concerning this matter	_	
ricaso retain an correspo	Albeite Ameering this matter	to the following.	
	Cheyenne Moseley		
	<del></del>	Name of Person	<del></del>
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	<del></del>
	Glendale, CA 91203		
		City/State and Zip Code	
	worstine@gmail.com	to be used for future annual report notific	ston
For further information of	concerning this matter, please of	•	mou,
	ensemble and money, promote	800 773-0888 ext.	0704
Cheyenne Moseley		at ()	
Name	of Person	Area Code Daytime T	Celephone Number
Enclosed is a check for t	he following amount:		
C) \$25,00 Filing Fee	S30.00 Filing Fce & Certificate of Status	\$55.00 Filing Foe &     Certified Copy     (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIES Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE GOOSE UP, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	my as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on <u>06/29/2016</u>	and assigned
Florida document number L16000124321			,
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	[the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited List	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	5200 N. Ocean Dr. Suite 1502	
(Principal office address MUST BE A STREE	TADDRESS)	Singer Island, FL 33404	
Enter new mailing address, if applicable:		4300 S. US Hwy 1 STB 203-33	37
(Mailing address MAY BE A POST OFFICE	BOX)	Jupiter, FL 33477	
B. If amending the registered agent and/registered agent and/or the new registered of		<u>e</u> ;	enter the pame of the new
	5200 N. Oaw	m Dr. Suite 1502	82 6
New Registered Office Address:	3200 IV. O'CE8	Enter Florida street address	
	Singer Island	, Florid	da 33404
		City	Zip Cotles
New Registered Agent's Signature, if changing I	Régistered 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 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Add
			□ Remove
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(adding a period after the middle initial)	
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fective date must be specific, cannot be prior to date of receipt or filed date to this document is filed by the Florida Department of State)  Date 177 - 3//ont	and cannot be more than 90 days after
fective date, if other than the date of filing:  fective date must be specific, cannot be prior to date of receipt or filed date the this document is filed by the Florida Department of State)  Signature of a member at authorized re  David M. Wor	and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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