## 116000131249

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
GOONIES,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	HEIDI GRETHER		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	GOONIES, LLC		
		Firm/Company	
	251 SPRINGDALE CIR		
		Address	
	PENSACOLA FL 32503		
		City/State and Zip Code	
	heidi.grether@gmail.com	10.04	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all:	
HEIDI GRETHER		850 393-4939 at ( )	
Name of	Person		Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee TO: FLURIDA DEPT. of STATE	□ \$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

G	OONIES, LLC					
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appe Limited Liability Company	ars on our records.)			<del></del>	
The Articles of Organization for this Limited Liability Co Florida document number <u>L16000131249</u>	ompany were filed on	JULY 12, 2016,	<u></u>	and	assigne	d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ed liability company l	nere:				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or	the abb	reviation	"L.L.C.'	<del></del> ,
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRI	<u></u>		· <u>.</u>	<u>~3</u>		
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			H. T.	iifi Co		,
Enter new mailing address, if applicable:			32.75 27.75 27.75	~;:: <b>~</b> >		,
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		्रीक्ष	ΰ		;
	<del></del>		STA	Ÿ	پ	
		<del> </del>	SH.	29		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or registered agent and/or the new registered agent a		n our records, <u>e</u>	<u>nter tl</u>	he na <u>n</u>	ne of t	n <u>enev</u>
Name of New Registered Agent:				····	-u	···_
New Registered Office Address:						
	Enter Flo	orida street address				
		, Florid	a			
	City			Zip Co	de	

## 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>	Address	Type of Action
AMBR	STYLIST RICARDO SANTIAGO	9447 MYRTLE CREEK LN	□ Add
		UNIT 112	Remove
		ORLANDO FL 33832	Change
			Add
		<u> </u>	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
		-	Change
			Remove Change
			Add Remove
			Change

f amendii	ng any ot	her inform	ation, e	enter ch	ange(s)	here: <i>(A</i>	ttach add	itional sh	eets, if	necessa	ary.)		
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Filing Fee: \$25.00