## 116000131249

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
GOONIES, SUBJECT:	LLC		
30B0EC1.	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub	•	
	HEIDI GRETHER		
	•	Name of Person	
	GOONIES, LLC		
		Firm/Company	
	251 SPRINGDALE CIR		
		Address	
	PENSACOLA FL 32503		
	heidi.grether@gmail.com	City/State and Zip Code	·
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
HEIDI GRETHER		850 393-4939	
Name of	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	□ \$60.00 Filing Fee, Certificate of Status &
Florida Dept. of		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

To:

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

	OONIES, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed onJULY 12, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>-</del> .
(Principal office address MUST BE A STREET ADDR	RESS)	3 7
		至是二
		11 7
Enter new mailing address, if applicable:		- T
(Mailing address MAY BE A POST OFFICE BOX)		
		- 5 5
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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>	Address	Type of Action
AMBR	URSULA MICHELLE GOFF	320 N WOODLAWN	Add
		<del> </del>	□ Remove
		WELLINGTON KS 67152	Change
			□ Add
			□ Remove
			□ Change
			Add
		· ·	Remove
			Add PACE Remeve Control Change
			Add
		·	□ Remove
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Effective date, i	other than the date of filing: _		(optional)	
If an effective date in Note: If the date	listed, the date must be specific and canrinserted in this block does not meet	ot be prior to date of filing or n the applicable statutory filin	nore than 90 days after filing.) Purs ig requirements, this date will i	muant to 605.0207 not be listed as:
	ive date on the Department of State'			
	ifies a delayed effective date	, but not an effective t	time, at 12:01 a.m. on t	he earlier of
ine 90th da	after the record is filed.			
	muan 14- 6	2017		
Dated	may 1, c	<u> </u>		
$\cup$	1	//2-	-	
	Signature of a memi	per or authorized representative	e of a member	
	/	1		
MGR	, ii ii	•		

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Filing Fee: \$25.00