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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUL 25 2018

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: THE	GOOSE P	UB / C C	2018 JUN 29 AM 10: 30
			UN 2
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	5.
	Troy	Policy Name of Person	- <u></u>
	The (	Firm/Company	. C
	3140	ne Pine Crest L	-ckes Blud
	Jensen	Beach, FL 3	34957
	Sales (E-mail address: (to	Beach FC 3  City/State and Zip Code  Kirtlande Por So be used for future annual report notion	Tuart. Com fication)
For further information c	oncerning this matter, please ca		
l Yoy Name o	Policy of Person		c Telephone Number
Enclosed is a check for the	ne 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**

THE GOOSE (Name of the Limited Liability) (A Florid	Iity Company as i	t now appears of v Company)	n our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 28000 284</u>	Company were	• •		and assig	med
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability o	ompany here	:		
The new name must be distinguishable and contain the words "Lit	mited Liability Co	mpany," the desig	gnation "LLC" or the		<u>5</u> "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	<u></u> <u>RESS)</u>			18 JUL 18	SEGRETAR VISION OF I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				PM 3: 56	CORPURATIONS YOUR STARE
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		address on o	ur records, enter	r the name of	f the new
Name of New Registered Agent:					
The Haragistered Office Fluid ess.	969 ne	Jen Sen Enter Florida	Beach Bl	`	
I	enson Ba	ich	, Florida _	34957	
New Registered Agent's Signature if changing Register		•••		ay cour	

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
MGR	Kevin Arbour	2365 Se federal hishuy	□ Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing:  16 the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earl
ed 6-25-18	

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Filing Fee: \$25.00