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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Goose Pub 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:
Troy Pulley Kame of Person
The Goose Rub Firm-Company
1969 ne Jensen Beach Blud Address
Tensen Beach, Ph. 3495) City/State and Zip Code Troy @ 900 Se Publien Sen- Com E-mail address: (to be sed for future annual report notification)
E-mail address: (to based for future annual report notification)
For further information concerning this matter, please call:
Troy Pules at (772) 475-5340 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Cadditional 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 Goo	se Pb	LLC		75
(Name of the Limit)	ed Liability Compai (A Florida Limited L	ny as it now appears (liability Company)	m our records.)	星岩石
The Good (Name of the Limited Line) The Articles of Organization for this Limited Line) Florida document number <u>LIS OOO</u> This amendment is submitted to amend the following the content of the conten	ability Company <u> </u>	were filed on <u>01</u>	/3i/2018	and assigned 7
This amendment is submitted to amend the follo	owing:			等企。 第二章
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applications	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		· <u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>80X)</u>	1969 n Jensen	e Jensen Becch, EC	Beach Blud 34957
B. If amending the registered agent and/registered agent and/or the new registered of	• •		our records. <u>ente</u>	r the name of the nev
Name of New Registered Agent:		Pulley		
New Registered Office Address:	1969	<u>Ne Jen Sen</u> Enter Floride	Beach Blu	<u></u>
	Jense	Enter Floride n Beach City	Florida _	34957 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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Managér AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Denise Pulley	3140 De Pinecres, laker 61	vel □ Add
	ŗ	Jensen Beach, FL 3495)	Remove
			Change
MGR	Troy Pulley	3140 re Pirecrost Laker blu	<u>⁄₄_</u> □ Add
	,	Jensen Beach, FL 34957	□ Remove
			Ø Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
			🗖 Change
			Add
			Remove
			Channe

	wishing to Chance AP "Tron Pulley" To MGR
<u></u>	Nember, as Per Page 2.
_	
_	
_	
_	
_	
Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	08/01.
	Signature of a member or authorized representative of a member
	Troy Polley
	Typed or printed name of sign/e

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00