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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	& Goh Real Estate Holdings, L	LC	
SUBJECT:	Name of Lin	nited Liability Company	········
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
		ū	
Please return all corresp	ondence concerning this matter	to the following:	
	JANICE GOH		
		Name of Person	
	GOUGEON & GOH REA	IL ESTATE HOLDINGS, LLC	
		Firm/Company	
	1724 E 8TH AVE		
		Address	· -
	TAMPA, FL 33605		
	JANICEGOH4@GMAIL.C	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
JANICE GOH		813 990-7998	
Name of Person		at ()	Telephone Number
Enclosed is a check for t	-		
\$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)
	ING ADDRESS:	STREET/COURIE	ER ADDRESS:
Registration Section Division of Corporations P.O. Box 6327		Registration Section Division of Corporations Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOUGEON & GOH REAL ESTATE HOLDINGS, LL	.C	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MARCH 19TH 2018	_and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		4 8 VFF
		APR AH
		ASS ASS
		333
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fan	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MEADE RYAN GOUGEON	1724 E 8TH AVE,	□ ∧dd
	***************************************	TAMPA FL 33605	
			□ Remove
			Change
			Add
			□ Remove
			□ Change
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Signa	ture of a membe	r or authorized	representative of a	member		_
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Page 3 of 3

Filing Fee: \$25.00