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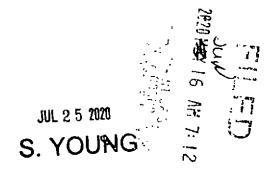
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	A INVESTORS II LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RICHARD M. CARNI	ELL, JR.	
		Name of Person	
	-	Firm/Company	
	1900 OLD DIXIE HIGH	IWAY	
		Address	
	FORT PIERCE, FL 349	46	
		City/State and Zip Code	
	RCARNELL@EGANFA		
		to be used for future annual report not	dification)
For further information c	oncerning this matter, please c	ali:	
RICHARD M. CARNELL, JR.		772 489-7275 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E

MID-F	LA INVESTORS II LLC		電 11
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	6
The Articles of Organization for this Limited Lia	bility Company were fi	led on	and assigned
Florida document number L18000164430	·		
This amendment is submitted to amend the follo	wing:		12
A. If amending name, enter the new name of	the limited liability co	mpany here:	
BLUE GOOSE UNDERGROUND LLC			
The new name must be distinguishable and contain the we	rds "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			
name and the second sec	<u></u>	-	
B. If amending the registered agent and/or re	gistered office address	on our records, enter the	name of the new registered
agent and/or the new registered office address	here:		
Name of New Registered Agent:	address here:		
New Registered Office Address:	1900 OLĐ DIXIE HI	GHWAY	
		Enter Florida street address	
	FORT PIERCE	Florid	la _34946
	City	-	Zin 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>	<u>Address</u>	Type of Action
MGR	GREG HAMPTON	9901 OKEECHOBEE ROAD	
		FORT PIERCE, FL 34946	= Remove
			□Change
MGR	RICHARD M. CARNELL, JR.	1900 OLD DIXIE HIGHWAY	= Add
		FORT PIERCE, FL 34946	□ Remove
			□Change
			□Add
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<u>iote:</u> If t	date, if other than the date is listed, the dat the date inserted in the s effective date on t	nis block does n	ot meet the app	plicable statutory	or more than 9 filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.02 vill not be listed	97 (3)(as the
record sp I is filed.	ecifies a delayed eff		not an effectiv	e time, at 12:01	a.m. on the ea	rlier of: (b) The	90th day after th	ne
ated	JUNE TAKE	9	200				a	
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	- All	arne	<u> 745</u>	1 KES/DE	W/ D	LUE CLOOS	e Como i Ru	
	All	Signature o	of a member or a	PRESIDE uthorized represen	tative of a mem	ber	e Como IRO	LL

Filing Fee: \$25.00