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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>≑</i> #)
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(100	cument Number)	
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JUN 20 2019 S. YOUNG

COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	CCT:	The Goalkeepin Name of Line	g Network LLC	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jonat	han Adams Name of Person	
		_ The Goal	Keeping Network LLC Rim/Company	
		610 N Su	nmit Ave	
		Lake Heler	FL 32744 City/State and Zip Code	
		Jo∧ © E-mail address: (the 950/ keep is a net wor	k.com ication)
For fur	ther information c	oncerning this matter, please ca	all:	
	Jonathan Name o	Adams Person	at (<u>727</u>) <u>409</u> 4 Area Code Daytime	274 Telephone Number
Enclose	ed is a check for th	ne following amount:		
風 \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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 Galkerping A	letwork LLC	
(<u>Name of the Limited LiabilityComp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \left(\frac{1969}{200} \) \(\frac{1969}{200} \end{align*}.	v were tiled on <u>April 18</u>	3, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	J.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	•	ु :. क्
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		rds. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
	_	Florida
	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
MGR	Jonathan Adams	610 N Sunnit Ave. Loke Helen Fl	<u> </u> <u>- □</u>
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
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. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	cord 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	May 30th 2019
	L. Cylin
	Signature of a member or authorized representative of a member
	Jonathan Adams Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00