## LZO CCO 107144

(Re	equestor's Name)	
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## **COVER LETTER**

	GOODS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeff Lazzeri		
		Name of Person	
	Ground Goods LLC		
		Firm/Company	
	26551 SW 182 Avenue		me Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ection orporations Tallahassee
		Address	
	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Jeff Lazzeri		
		City/State and Zip Code	Daytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ess: on Section f Corporations
	•		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Janice M. Moeller			
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
P.O. Box 632	27		
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUND GOODS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/20/2020}{1}$ and assigned Florida document number L20000107144 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered 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: New Registered Office Address: Enter Florida street address , Florida <sub>-</sub> Cin

## 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

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Ą	Ų.	4BR	=	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JULIE A LAZZERI	26551 SW 182 AVENUE, HOMESTEAD, FL 33031	<b>≘</b> Add
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			□Remove
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specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the	carlier of: (b) The 90th day after	er the
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Filing Fee: \$25.00

Typed or printed name of signee