107

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000214190 3)))



H230002141903ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002

Fax Number

: (561)775-0270

 $m{\mathcal{D}}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

eproenza@jhrjpa.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOOSE DEVELOPMENT FUND LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUN 1 5 2023

DocuSign Envelope ID: B08F8A6E-5FAC-46A5-BBA8-603F65D76DC8

Fax: (850) 617-6383

Page: 3 of 5 06/14/2023 1:35 PM

る

(((H23000214190 3)))

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GOOSE DEVELOPMENT FUND LLC			() ()
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)	<u></u> ()
The Articles of Organization for this Limited Liability Comparing L21000002051 L21000002051	any were filed on 01/04/2	021	and assigned
This amendment is submitted to amend the following:			J
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			reviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			: .e.
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our record	s. enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
	City	. Florida	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

From: Bailey Kelel 1

From: Bailey Kelel 1 Fex: 15617132084 To: Fax: (850) 617-6383 Page: 4 of 5 06/14/2023 1:35 PM

DocuSign Envelope ID: B08F8A6E-5FAC-46A5-BBA8-603F65D76DC8

H amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H23000214190 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GARVEY, GRANT	18978 POINT DRIVE	□∧dd
		TEQUESTA, FL 33469-2028	
			■Change
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

(((H23000214190 3)))

				
		<u>, , , , , , , , , , , , , , , , , , , </u>		·
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		
				
		,		
		· · · · · · · · · · · · · · · · · · ·	 	
Effective date, if other than the date is listed, the date is listed, the date in this document's effective date on the	must be specific and cannot be s block does not meet the a	e prior to date of filir applicable statutor	(option ng or more than 90 days after f y filing requirements, this	nal) iling.) Pursuant to 605.0207 (date will not be listed as t
e record specifies a delayed effected is filed.	ctive date, but not an effect	tive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
June 13	2023			
Goes/Signed by				
Dated June 13 Grant Garry			ntative of a member	

(((H23000214190 3)))

Filing Fee: \$25.00