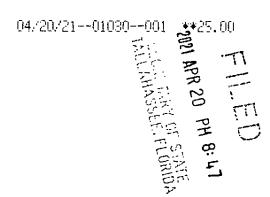


(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

CURIECT		•	
SUBJECT:	Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Registration Section The Centre of Tallahassee		
			for filing. Firm/Company Address State and Zip Code COM ed for future annual report notification) at (239
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	HARRY SEAMAN, MAN	NAGER	
		Name of Person	
	205 GOODLAND, LLC		
		Firm/Company	
	307 PETTIT DRIVE		
	·	Address	
	GOODLAND, FL 34140		
		City/State and Zip Code	
	-		
	E-mail address: ((to be used for future annual report notification)	
For further informatio	n concerning this matter, please c	call:	
HARRY SEAMAN			
Nan	e of Person		
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee		Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	atus &
Registration Division of P.O. Box 6	n Section f Corporations 327	Registration Section Division of Corporations The Centre of Tallahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

205 GOODLAND, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comp	oany were filed on FEBRUARY 5, 2	2021 and assigned
lorida document number L21000063678		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	202
Principal office address MUST BE A STREET ADDRESS	<u>.</u>	202 APR
		R 20
nter new mailing address, if applicable:	N/A	PH 8:4
Mailing address MAY BE A POST OFFICE BOX)		DRAID F
		V
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addres	iss s
	, FI	lorida 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 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>	Name	<u>Address</u>	Type of Action
MGR	TERRENCE F. TESSARZIK	175 LINE ROAD	≣ Add
		BERNE, NY 12023	\ \tag{Remove}
			□ Change
			
		<u>-</u>	⊟Remove
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Signature of vincimber or authorized representative of a member							
- (Signature of me	mber or authoriz	ed representative	of a member		_
	HARRY SEAMAN, MA			name of signee	 		