

L21000372839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

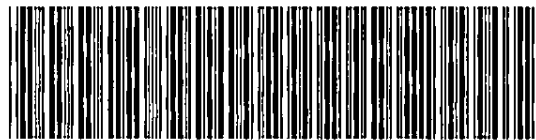
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10/12/21--01028--016 **52.50

SECRETARY OF STATE
TALLAHASSEE, FL

2021 NOV 30 PM 5:15

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 20 AM 10:42

October 20, 2021

KATHRYN LIPSCOMB
414 ORANGEWEED DR.
DUNEDIN, FL 34698

← should be Orangewood Dr.
ORANGEWOOD

SUBJECT: GOLDEN GOOSE AI LLC
Ref. Number: L21000372839

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 821A00025501

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golden Goose AI LLC

Name of Corporation

DOCUMENT NUMBER: L21000372839

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Lipscomb

Name of Contact Person

Golden Goose AI LLC

Firm/Company

414 Orangeweed Dr.

Address

Dunedin FL 34698

City/State and Zip Code

tlipscomb@goldengooseai.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Lipscomb

Name of Contact Person

at (540) 539-0591

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. **FILED**
2021 NOV 08 PM 5:15

FIRST: The name of the limited liability company is: GOLDEN GOOSE AD LLC
SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: L 21 000372839

THIRD: Document to be corrected is: Articles of Organization for Florida LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the Agent is incorrect, and the name of the
Manager is incorrect. When originally filed, we accidentally
switched the names. Agent should be Kathryn L Lipscomb
Manager should be Tom W Lipscomb

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)