L22000237085

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2023 HAR -6 FH 12:

TO:

COVER LETTER

TO: Registration S Division of Co			
The Good	owns Group, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Devon Goodowns		
		Name of Person	
	The Goodowns Group, LL	C	
		Firm/Company	
	809 Red Ash Court		
		Address	202
	Setfner, FL 33584		
		City/State and Zip Code	- 6
	thegoodownsgroup@gmail.	com to be used for future annual report notification)	<u> </u>
For further information	concerning this matter, please c	·	2021 MAR -6 FM 12: 55
Devon Goodowns		813 758-0563	
Name	of Person	Area Code Daytime Teleph	none Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section	one.
Division of C P.O. Box 63		Division of Corporation The Centre of Tallaha	
Tallahassee,	FL 32314	2415 N. Monroe Stree	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Goodowns Group, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability (Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on May 20, 2022	and assigned
Florida document number 1.22000237085	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	de-	2023
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 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>	<u>Address</u>	Type of Action
AMBR	Roy A. Goodowns	809 Red Ash Court Seffner, FL 33584	🗆 Add
			■Remove
			□Change
			□Add
			□Remove
			C
			HAPPE TO A SECOND
			□Remove
			FAIE Dellange
			□Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			□Change

				
-				
	<u>.</u>			
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ective date, if other than the effective date is listed, the date in this! te: If the date inserted in this! cument's effective date on the	block does not meet the app	licable statutory filing req	(optional) an 90 days after filing.) Pu uirements, this date wil	rsuant to 605,020 I not be listed a
cord specifies a delayed effect s filed.	ive date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90)th day after th
March 1 ed	2023			
	Dianp(x	- edans)	2023 MAR
	Signature of a member or au	thorized representative of a r	nember :	5
Devon P. Gooodowns			, př. Přív	PH

Filing Fee: \$25.00