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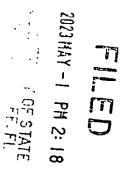
(Re	equestor's Name)	
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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Y. SCOTT
JUN 1 8 2023

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		·
	Real Estate, LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
	Mark M. Berardi		
		Name of Person	
	Berardi and Associates,	u.c	
		Firm/Company	20
	14919 Founders Crossin	g	2023 II.AY
		Address	1
	Homer Glen, Illinois 60	491	Prof. 7
		City/State and Zip Code	PH 2: 18
	mark@berardilawoffice.c		
		s: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please	call:	
Mark Berardi		708 942-8030 at ( )	
Nan	ne of Person		e Telephone Number
Enclosed is a check for	or the following amount:		
≘ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio		Street Address: Registration Se	ction
<del>-</del>	f Corporations	Division of Cor	
P.O. Box 6	5327	The Centre of T	allahassee
Tallahasse	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goose Real Estate, LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our inited Liability Company)	records.)		<del>_</del>
The Articles of Organization for this Limited Liability Com	pany were filed on 6/21/2022		and	d assigned
lorida document number 1.22000280573				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
Goose Real Estate FL, LLC				
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abb	reviatio	n "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u></u>			
		Ģ.	2	
			23	
nter new mailing address, if applicable:		- !	MAY	
Mailing address MAY BE A POST OFFICE BOX)			1	<u> </u>
Numming data cas MITT DE TITLES TO STATE DON'T		( ) 11 H	<u>ş</u>	181
	<del></del>		<i>₩</i>	
3. If amending the registered agent and/or registered of	Tice address on our records, s	enter the name		new registe
gent and/or the new registered office address here:		onter the hand		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street (	address	-	
		_, Florida		
<del></del>	City		Zip C	ode

## 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>	Address	Type of Action
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			□Remove
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m effective	late, if other the date is listed, the	date must be spe	cific and car	nnot be prior t	o date of filin	g or more than	90 days after	îling.) Pu	irsuant to 605.	.020
	e date inserted ir s effective date o				ible statutor	y filing requi	rements, this	date wil	l not be liste	ed a
record spe	ecifies a delayed	effective date,	but not an	effective tin	ne, at 12:01	a.m. on the	earlier of: (b)	The 9	0th day after	the
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