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(Requestor's Name)				
(Ac	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
☐ SICK-US	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer.				
				





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COVER LETTER

TO:	Registration Section of Corp.				
		Alliance, LLC			
SUBJE	CCT:	Name of Lin	ited Liability Company		
		mendment and fee(s) are sub			
reaser	otan an exacepoi	Caroline Larris	to the ronding.		
			Name of Person		
			Name of Ferson		
		4th and Goal Alliance, LL	C		
Finn Company					
		8889 Seville St			23
			Address		福里 …
		Pahokee, FL 33476			ECRETARIO ET LA
			City/State and Zip Code		一芸芸士に
	fourthandgoalallianceilc@aol.com				100 TO 10
		L-mail address; (to be used for future annual report no	otification)	
For turn	ther information co	ncerning this matter, please c	all:		PH 2:20
Carolin	ie Larris		352 321-2604		一部
	Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclose	ed is a check for the	following amount:			
□ \$2.	5.00 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 indditional copy is enclosed.	ı
	Mailing Address:		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4th and Goal Alliance, LLC		
(Name of the Limited Liabilit (A Florida	 Company as it now appears on our records.) Limited Liability Company) 	
The Articles of Organization for this Limited Liability C	ompany were filed on 08/5/2024	and assigned
Florida document number L24000342499		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		25 TB24 SE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		20
New Registered Office Address:	Enter Florida street address	
	. Flori	do
	City	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

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
MGR	Beneath The Eye, LLC	8889 Seville St.	≡ Add
		Pahokee, FL 33476	□ Петюче
			clChange
MGR	James M. Perkins	865 Dr. MUK Jr. Blvd W.	■Add
		Belle Glade, FL 33430	□Remove
		***************************************	Change
MGR	Caroline Larris	8889 Seville St.	= Add
		Pahokee, FL 33476	□ReméGi P
AR	RJD Real Holdings, LLC	2635 NW 120th St.	DRemovity DCH SEP -4 PH 2: 20 Removity Removity
		Miami, Fl. 33167	
			IChange
			☐Add
			i_Remove
			☐ Change

Typed or printed name of signee