

L12000095007

(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:

SEP 25 2012

S. TONER

Office Use Only



800239611158

09/18/12--01011--004 **55.00

FILED
12 SEP 18 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* per. phone conversation with Sandra Yawn. 9/25/12, the name was corrected to reflect how it is Filed with our office. BR 9/25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO CMP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Potamkin

Name of Person

GO CMP LLC

Firm/Company

2627 South Bayshore Drive, #3102

Address

Coconut Grove, FL 33133

City/State and Zip Code

syawn@globaloceans.us

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

For further information concerning this matter, please call:

Sandra Yawn

Name of Person

at (954)

253-5252

Area Code & Daytime Telephone 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 SEP 18 AM 11:21

GO CMP ~~LLC~~

Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/19/2012 and assigned
Florida document number L12000095007

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2627 South Bayshore Drive, #3102

(Principal office address MUST BE A STREET ADDRESS)

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

2627 South Bayshore Drive, #3102

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Grove, FL 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sandra Yawn

New Registered Office Address:

2627 South Bayshore Drive, #3102

Enter Florida street address

Coconut Grove

, Florida

33133

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sandra Yawn	2627 South Bayshore Drive, #3102 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 11, 2012



Signature of a member or authorized representative of a member

Sandra Yawn

Typed or printed name of signee