114000154710

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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2217 SEP 22 PK 12: 15

J. HARRIE

COVER LETTER

10.	Division of Corp			
CHDIE	erer.	CAPITAL LLC		
SUBJECT:Name of Limited Liability Company				
The enci	losed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		MILAGROS TORRES		
Name of Person				
		GOLIATH CAPITAL LLC	C	
Firm/Company				
PO BOX 607112				
Address				
		ORLANDO, FL 32860		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	+
For furth	ner information co	ncerning this matter, please c	all:	
MILAG	ROS TORRES		32 l 316-8371	
-	Name of	Person	at () Area Code Daytime Telephon	e Number
Enclosed	d is a check for the	ofollowing amount:		
≌ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building	RESS:

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLIATH CAPITAL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. .iability Company))
The Articles of Organization for this Limited Liability Company Florida document number L14000154710	were filed on 10/03/2014	and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22:1
(Principal office address MUST BE A STREET ADDRESS)		SEP 22
Enter new mailing address, if applicable:		PR 22
(Mailing address MAY BE A POST OFFICE BOX)		40 €D
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and S. Or, if this document is
If Char	nging Desirtared Agent Signature of	Nasy Projectored Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:			ss of each person being added
	Manager Authorized Member		
<u> Title</u>	Name	Address	Type of Action
MGR	MILAGROS TORRES	PO BOX 607112	⊟ Add
		ORLANDO, FL 32860	☐ Remove
			□ Change
AMBR	JOSHUA ALEXAVIER HERNANDEZ	PO BOX 2454	_ ■ Add
		APOPKA, FL 32704	☐ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Add 2
			Li Remove
			☐ Change
			□ Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)		
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. Effecti	ve date. if other than the date of filing: (opti	onal)		
df an effe <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a fifthe date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	r filing.) Pursuant to 6	05.0207 (sted as t	(3)(b) the
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the ear	lier of:	•
Dated_	09/18/17			
	MA Margo Monte-		S Liez	ادعت
	Signature of a metaber or authorized representative of a member		D L	2
	MICHAEL A HERNANDEZ, MANAGER MEMBER	, i s	22 F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Typed or printed name of signee	•	PH 12: 1	:
	Page 3 of 3	⊈ ± irg (- ≫	<u></u>	•
	Filing Fee: \$25.00			