L14000035925

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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: 3GO, LLC	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Nestor R Sala II		
		Name of Person	
	3GO, LLC		
		Firm/Company	
	96112 NORTHSHORE DE	,	
	90112 NORTHSHORE DE	Address	
	FERNANDINA	City/State and Zip Code	
	salanestor@gmail.com	G.,, J	25
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	nll:	Telephone Number
Ness Sala		at (904) 746-4648	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number :
Enclosed is a check for th	ne 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 Addres	<u>.s:</u>	Street Address:	
Registration 5	Section	Registration Sec	
Division of C	orporations	Division of Corp	oorations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3GO, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000035925</u>	were filed on March, 4th 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11 South 1tth Street	
(Principal office address MUST BE A STREET ADDRESS)	Fernandina Beach, FL 32034	
Enter new mailing address, if applicable:		207
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new register
agent and/or the new registered office address here:		22
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ective date, if other than the reffective date is listed, the date mus	e date of filing: st be specific and cannot be prior	to date of filing or more	(optional) than 90 days after filing.) F	ursuant to 605.020
te: If the date inserted in this b	lock does not meet the applic	able statutory filing re	quirements, this date w	ill not be listed a
nument's effective date on the D	repartment of State's records	•		
and an iffice a delivery of officials		ut 12:01 a .mm.t	ha and in a factor. That	30th day after the
cord specifies a delayed effectives filed.	re date, but not an effective t	ime, at 12.01 a.m. on t	ne earner or. (b) The	your day after the
ed May 31st	, 2023	·		
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Typed or printed name of signee