

L02000008345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

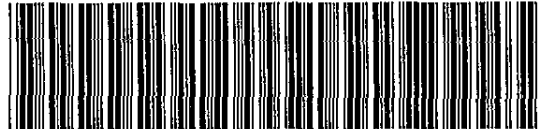
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/03--01024--017 **35.00

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03 APR 30 11:11:20
STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

L02-8345
OK

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03 APR 30 PM 12:52
TALLAHASSEE, FLORIDA

Charter Number Only

April 29, 2003

DeVades & Assoc.

Requestor's Name

8404 S.W. 40 Street

Address

Miami, FL 33155

City

State

ZIP

Phone

(305) 553-8080

VALIDATION ONLY

CORPORATION(S) NAME

GO2 Prepaid LLC

☐ Profit

☐ NonProfit

☒ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

2 ☒ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

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Empire Toll Free: 1-800-432-3028

Name
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Examiner
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GO2 PREPAID LLC

- FIRST:** The date of filing of the articles of organization was 04/09/2002
- SECOND:** The following amendment(s) to the articles of organization was/were
Adopted by the limited liability company:

Article IV: Registered Office and Agent.

DELETE: Camilo Restrepo
770 Claughton, Apt 2016
Island Drive
Miami, FL 33131

ADD: Magdalena Medina
1915 Brickell Ave, Suite CPH 5
Miami, FL 33129

Article IX: Management

DELETE: Camilo Restrepo
770 Claughton, Apt 2016
Island Drive
Miami, FL 33131

Camilo Medina
1915 Brickell Ave, Suite CPH 5
Miami, FL 33129

ADD: Magdalena Medina
1915 Brickell Ave, Suite CPH 5
Miami, FL 33129

Arturo Ayala
2250 Brickell Avenue #12
Miami, FL 33129

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Date: April 28, 2003

A handwritten signature in black ink, appearing to be 'Camilo Medina', written over a horizontal line.

Signature of a member or authorized representative of a member

Camilo Medina

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED LLC, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1) NAME OF THE LLC

GO2 PREPAID LLC

2) THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE.

MAGDALENA MEDINA
1915 BRICKELL AVE, SUITE CPH 5
MIAMI, FL 33129

Having been named as registered agent and to accept service of process for the above stated LLC at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Miami, April 28, 2003


Magdalena Medina
Agent

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STATE OF FLORIDA