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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT WAIT	MAIL
- (Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
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TALLAHASSEE, FLORIDA

(1114 2 2 2013) (1114 2 2 2013)

COVER LETTER

SUBJECT:	GOT 2 GO, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Nicolas Bergengruen		
		Name of Person		
		Firm/Company		
	20	002 Ferdinand Street		
		Address		
	C	oral Gables, FL 33134		
		City/State and Zip Code	2	
		ergengruen@yahoo.con		200 JUN 2
•	E-mail address: (to be used for future annua	il report notification)	Do word Company
For further information cond	eerning this matter, please ca	all:		JUN 20 F
Nicolas Bergeng	ruen	786 at ()	388-8350	
Name of Pe	erson	Area Code	Daytime Telephone Nu	miner 3
Enclosed is a check for the f	ollowing amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e	Cert nclosed) Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

GOT 2 C	GO, LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appenited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	March 23, 2006	and assigned
Florida document numberL06000030860			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
			<u></u>
		ž	2016 2016
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<i>U</i> (1	20
			י ד
B. If amending the registered agent and/or register		on our records, 🎒	ter the name of the nev
registered agent and/or the new registered office address	s nere:	QA A	h W
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florida	
	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

It 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>	<u>Address</u>	Type of Action
MGRM	Helmer Arizmendy	881 Ocean Drive, #22B	■ Add
		Key Biscayne, FL 33149	☐ Remove
			☐ Change
			□ Add
			☐ Remove
		•	☐ Change
			Add
		Remove	Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove

☐ Change

MGRM Gustavo Civetta NEW address: 77 Harbor Drive #47, Key Biso	cayne, FL 33149
	2016 NLLA
	HS SS
	m o
	The True
	Α Φ
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effectine 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier
ed	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00