W7000045676

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Cooding Name 2017)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



500162674165

11/19/09--01021---015

**30.00

2009 NOY 19 AM 9: 48
SEGRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

NOV 20 2009

EXAMMER

COVER LETTER

Division of Corporations	
SUBJECT: GOL OXENDO, UC	
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:	
Edwin Meldondo Name of Person	
GOL Odando, La	
5350 International	<u>D</u> .
Orlando, Fl 33819 City/State and Zip Code	SHOO COM
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	AM 9: E. FLOR
Edwin Usldonsdo at (10) 222- Name of Person Area Code & Days	5298 Em
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	Sed) \$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

(Name of the Limited I	iability Company	as it now app	ears on our records	<u>s.</u>)	-	
The Articles of Organization for this Limited Lia	bility Company w			and	assigned	.
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company l	<u>iere</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Con	npany," the designat	ion "LLC" or th	ne abbrev	viation
Enter new principal offices address, if applica	ble:				35	1 4
(Principal office address MUST BE A STREET				HE	- PV	- Pagarit
				SSE AX	Q	in the stand
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>0X</i>)			OF STATE	AM 9: 48	- American
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered offic		n our records, <u>er</u>	nter the name	e of the	e new
Name of New Registered Agent: New Registered Office Address:	Edwi 5350 Orlay	n Uê	Idonado <u>netional</u> Enter Florida stred Florida	900		
		City	, FIORK	Zip C	ode .	

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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Address Type of Action Title ESOLOT NE MAR CASA Irrevocable Trust A Remove Edwin Moldonala X Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00