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(City/State/Zip/Phone #)
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(Document Number)
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CAMI M/11/20

COVER LETTER

TO: Registration Section Division of Corporations

Goyal Holdings, LLC

SUBJECT: ___

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:

Sanjiva Goyal

Name of Person

Firm/Company

2804 Saint Johns Bluff Rd S. Ste. 109

Address

Jacksonville, FŁ 32246

City/State and Zip Code

sgoyal6536@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the 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 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

Goyal Holdings, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number £07000067311	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable	:	· · ·
(Principal office address MUST BE A STREET A)	DDRESS)	·
		1000 - 1000 -
		HAR HAR
Enter new mailing address, if applicable:		$\widetilde{\omega} = \widetilde{\lambda}_{\tau}$
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or a registered agent and/or the new registered office		enter the name of the new
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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Sanjiva Goyal	183 Landrum Lane, Suite 201 Ponte Vedra Beach, FL 32082	🗖 Add
			Remove
			Change
AMBR	Ace Managing, LLC	200 W. 34th Ave. #977 Anchorage, AK 99503	🔲 Add
			□ Remove
			Change
			Add
			Remove
		<u> </u>	Change
			🖸 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please see attached document.

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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			Son			
		Signature of	f a prepiber of aut	notized representative	of a member	
Sanjiva	± .					

Page 3 of 3

Filing Fee: \$25.00