

LOT 000105309

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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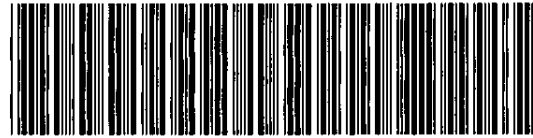
(Business Entity Name)

(Document Number)

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2012 APR 18 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 19 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOZOOKO, LLC
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:

Karl Jaufmann

Name of Person

GOZOOKO, LLC

Firm/Company

7012 Palmetto Pines Lane

Address

Land O'Lakes, FL 34637

City/State and Zip Code

karl@gozooko.com

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

For further information concerning this matter, please call:

Karl Jaufmann

Name of Person

at (**813**)

787-5655

Area Code & Daytime Telephone Number

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

FILED
2012 APR 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOZOOKO, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/16/2007 and assigned
Florida document number L07000105309.

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 end with 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 ADDRESS)

2209 Collier Parkway, #325

Land O'Lakes, FL 34639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2012 OCT 18 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria E. Jaufmann

New Registered Office Address:

2209 Collier Parkway, #325

Enter Florida street address

Land O'Lakes

Florida

34639

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 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.

Maria E. Jaufmann
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria E. Jaufmann	7012 Palmetto Pines Lane Land O'Lakes, FL 34637	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bryan J. Rodriguez	2209 Collier Parkway, #325 Land O'Lakes, FL 34639	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Karl Jaufmann	7012 Palmetto Pines Lane Land O'Lakes, FL 34637	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 2012 APR 18 PM 12:30
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 TALLAHASSEE, FLORIDA

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

Dated April 13th, 2012

Signature of a member or authorized representative of a member

Karl Jaufmann

Typed or printed name of signee