## L100000027428

. (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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S. HAWKES

JUN 07 2010

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			•			
SUBJECT: GOTSOLUTIONNOWLLC							
30202		Name of Lim	ited Liability Company				
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
- <del></del>			Cesar Rojas Name of Person				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
11588 Mallory Square Dr Apt 203							
	Tampa/ Fl, 33635  City/State and Zip Code						
		Bound	cyBouncer51@gmail.com	Fortion			
For fur	ther information	concerning this matter, please of	•	nearon)			
	Javi	er Bustamante	at ( 813 )	8575327			
	Name	of Person	Area Code & Daytin	ne Telephone Number			
Enclose	ed is a check for t	the following amount:					
<b>\$</b> 25.	.00 Filing Fee	[2]\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

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

	GOTSOLUTION	ONNOWLLC		<u></u>			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	14 /1.			
		, ,		The second			
The Articles of Organization for this Limited	Liability Company	were filed on	03/11/2010	and assigned			
Florida document numberL100000	27428			and assigned			
This amendment is submitted to amend the fo	ollowing:			765			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>re</u> :				
	BouncyBou	and the second s					
The new name must be distinguishable and end "L.L.C."	with the words "Lim	ited Liability Compa	nny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if app	11588 Mailory Square Dr Apt 203						
(Principal office address MUST BE A STRI	Tampa, FI, 33635						
Enter new mailing address, if applicable:	4143 Tartan Pl						
(Mailing address MAY BE A POST OFFIC	Tampa, Fl, 33624						
B. If amending the registered agent an registered agent and/or the new registered			our records, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	f New Registered Agent: Cesar Rojas						
New Registered Office Address:							
		Enter Florida street address					
	<u> </u>	Tampa	, Florida	33635			
		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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signatur

Page 1 of 2

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

Type of Action Address <u>Title</u> <u>Name</u> MGRM Pukall, Alejandro 18520 Bittern Ave Lutz, Fl. 33558 Bustamante, Javier MGRM 4143 Tartan Pl Tampa, Fl. 33624 Remove MGRN Rojas, Cesar E 11588 Mallory Square Dr Apt 203 ✓ Add Remove Tampa, Fl. 33635 Add Remove ☐ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 2010 Dated ignature of a member or authorized representative of a member Javier Bustamante and Cejar E Rojas Typed or printed name of signee

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Filing Fee: \$25.00