

L11000041184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

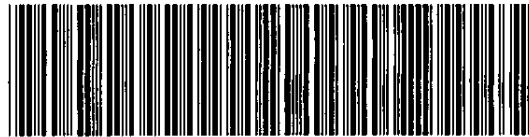
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600209825616

07/14/11--01006--006 \*\*25.00

FILED  
11 JUL 14 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

JUL 15 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GOTO ENTERPRISES 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:

**FABIO TOSHIO GOTO**

Name of Person

**GOTO ENTERPRISES LLC**

Firm/Company

**4101 CORAL TREE CIR APT 316**

Address

**COCONUT CREEK / FLORIDA / 33073**

City/State and Zip Code

**F.TOSHIO @HOTMAIL.COM**

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

For further information concerning this matter, please call:

**FABIO TOSHIO GOTO**

Name of Person

at ( **954** )

**297-8363**

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  
11 JUL 14 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(our records)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THAISA R B DASILVA	9300 SW 8TH ST APT 220 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JULY, 12TH 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
FABIO TOSHIO GOTO  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
11 JUL 14 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA