## L11000041184

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SECRETARY OF STATE SECRETARY OF STATE AND ANASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations				
SUBJECT:	GOTO EN	TERPRISES LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	F	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.TO E-mail address: (	SHIO @HOTMAIL.CC to be used for future annual report	M tnotification)		
For further information	concerning this matter, please of	eall:			
	TOSHIO GOTO	at (_954_)	297-8363		
Name	of Person	Area Code & I	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 end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	Registration Division of C Clifton Build	Corporations ing ve Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 JUL 14 PH 12: 29

SECRETARY OF STATE
ALLAHASSEE F

GOTO ENTERPRISES 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 Liabilit	y Company were filed on	04/06/2011	and assigned
Florida document numberL11000041189	<u>.</u> .		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here	<b>:</b>	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	ny," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	-		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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.

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>	Address	Type of Action
MGR	THAISA R B DASILVA	9300 SW 8TH ST APT 220 BOCA RATON, EL 33428	✓ Add Remove
			Add Remove
<u></u>	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amei	nding any other information, ente	er change(s) here: (Attach additional sheets, if neces	esary.)
_			FIL 11 JUL II SECRETAR) TALLAHASSI
Dated	JULY, 12TH	2011	ED  OF STATE EFFLORIDA
	Signature of a	FABIO TOSHIO GOTO  Typed or printed name of signee	

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Filing Fee: \$25.00