L11000042546

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(20011100 21111), 1101110,					
(Document Number)					
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OF CASTARY OF STATE

OF CHARASSEELE LORIO

COVER LETTER

TO:	Registration S Division of Co		•	. •			
CHDII	GOLINVE	STMENTS, LLC					
SUBJI	ECT:		mited Liability Company				
The en	closed Anicles of	Amendment and fee(s) are st	ibmitted for filing.				
Please	return all correspo	ondence concerning this matte	er to the following:				
		IVETTE RAMOS					
			Name of Person	<u></u>	-		
		GOI INVESTMENTS LE	.C				
			Firm/Company				
		NEWBERRY, FL 32669					
			City/State and Zip Code				
		TRAMOSREYES@GMAT					
For furt	her information c	E-mail address; oncerning this matter, please o	(to be used for future annual report n	notification)			
	E RAMOS		352 494-4766 at ()		Pa Pa	202.	
-	Name of	Person		time Telephone Number	CRETARY AHASSE	2024 DEC 13	7
Enclosed	d is a check for th	e following amount:			(*1c	PM	
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee. 물론 e of Status & 중	5 : 02	D

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOUNVESTMENTS, LLC			
(<u>Name of the Li</u>	mited Liability Company : (A Florida Limited Liab	is it now appears on our records.) lity Company)	
The Articles of Organization for this Limited	Liability Company we	re filed on 10 09:2020	and assigned
Florida document number L11000042546	·		
This amendment is submitted to amend the fo	ollowing:		
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 C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if app	icable:		
(Principal office address MUST BE A STRE	SET ADDRESS)		
	_		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
			2
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office addr	ess on our records, <u>enter the na</u>	me of the new registere
agent and the new registered office addr	ess nere.		
Name of New Registered Agent:	IVETTERAMOS		
New Registered Office Address:	475 SW 132ND TEI		
	\	Enter Florida street address	* **
	NEWBERRY		2669
	•	.nev	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IVETTE RAMOS	475 SW 132ND TERRACE	. ■Add
		NEWBERRY, FL 32669	
			□Clunge
			□Add
			□Remove
			□Change
			
			□Remove
			□ □ Change Sign 22 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			ETARRENOS PM 5802
 			□Add
			⊐Remove
			□Clumge
			□Add
			□Remove
			□Change

Typed or printed name of signee

DECEMBER 9, 2024 GOI INVESTMENTS, LLC DOCUMENT NUMBER: L11000042546

I Ivette Ramos accept the appointment as registered agent and new owner of GOI Investments LLC, Inc.

I understand and accept the obligations of the position.

Ivette Rambs

—**I. c∠** Date

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