

L11000050536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

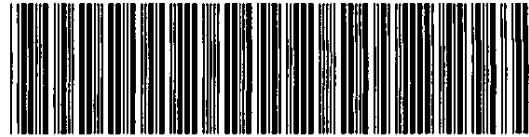
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -7 AM 11:42

MAR -8 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GODIOU 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:

Samuel Robinson
Name of Person

GODIOU LLC
Firm/Company

375 West BAY Ave
Address

Eagle Lake, FL 33839
City/State and Zip Code

MAESTRO1904@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Robinson at (813) 241.5625
Name of Person 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

Email

MAESTRO1904@gmail.com

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

GodIou L.L.C.

12 MAR -7 AM 11:42

(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 4-28-2011 and assigned
Florida document number L11000050536

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2496
Eagle Lake, FL
33839

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:

Samuel Robinson

New Registered Office Address:

375 West BAY AVE

Enter Florida street address

Eagle Lake

City

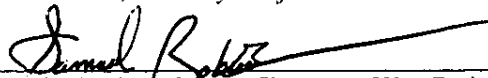
Florida

33839

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

Title	Name	Address	Type of Action
MGR	MaDonna McDonald	375 W. BAY AVE EAGLE LAKE FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MaDonna McDonald	375 W. BAY AVE EAGLE LAKE FL 33839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Samuel Robinson	375 W. BAY AVE EAGLE LAKE, FL 33839	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SAMUEL Robinson	375 W. BAY AVE EAGLE LAKE, FL 33839	<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

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

Dated,

JAN 25, 2012



Signature of a member or authorized representative of a member

SAMUEL Robinson

Typed or printed name of signee

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