

L11000085089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

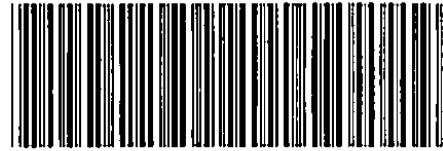
(Business Entity Name)

(Document Number)

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2019 SEP 25 A 4 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 27 2019

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Name Change

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:

Luis Gonzalez

Name of Person

The Gonzo Group, LLC

Firm/Company

4001 SW 47th Ave Suite 204

Address

Davie Florida 33314

City/State and Zip Code

luis@salescorekeeper.com

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

For further information concerning this matter, please call:

Luis Gonzalez

954

703-4095

at (_____)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2019

LUIS GONZALEZ
4001 SW 47 AVE STE 204
DAVIE, FL 33314

SUBJECT: THE GONZO GROUP LLC
Ref. Number: L11000085089

We have received your document for THE GONZO GROUP LLC and check(totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or "Limited Liability Company" or with one of the following abbreviations: Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 019A00014748

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

The Gonzo Group, LLC

2013 SEP 26 A 9

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/25/2011 an
Florida document number L11000085089.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SaleScoreKeeper LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4001 SW 47 Ave
#204

Davie FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the na
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida Zip

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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this c
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Tr</u>
_____	_____	_____	I
		_____	I
		_____	I
_____	_____	_____	I
		_____	I
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_____	_____	_____	I
		_____	I
		_____	I

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated July 6 2019

Luis Gonzalez

Signature of a member or authorized representative of a member

Luis Gonzalez

Typed or printed name of signer