

L110000089248

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 2 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORAL2GO HOLDINGS, 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:

JONATHAN GLOBERSON

Name of Person

Firm/Company

290 174TH ST. #2014

Address

SUNNY ISLES BEACH, FLORIDA, 33160

City/State and Zip Code

JONGLOB@GMAIL.COM

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

For further information concerning this matter, please call:

JONATHAN GLOBERSON

Name of Person

at (786)

7974078

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

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ORAL2GO HOLDINGS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 3, 2011 and assigned Florida document number L11000089248.

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)

290 174TH STREET, #2014

SUNNY ISLES BEACH, FLORIDA, 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

290 174TH STREET, #2014

SUNNY ISLES BEACH, FLORIDA, 33160

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:

JONATHAN GLOBERSON

New Registered Office Address:

290 174TH STREET, #2014,

Enter Florida street address

SUNNY ISLES BEACH

Florida

33160

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brilan Holdings II, LLLP	321 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	G & J GLOBAL, LLC	C/O 290 174TH STREET #2014 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JONATHAN GLOBERSON	290 174TH STREET #2014 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GIL YOSEFI	290 174TH STREET #2014 SUNNY ISLES BEACH FL 33160	<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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated NOVEMBER 29, 2011

Signature of a member or authorized representative of a member

JONATHAN GLOBERSON, MANAGER

Typed or printed name of signee