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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL GO 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:

ROBERT A. RAINEK

Name of Person

FL GO LLC

Firm/Company

P.O. BOX 511090

Address

NEW BERLIN, WI 53151

City/State and Zip Code

lizcamp57@yahoo.com

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

For further information concerning this matter, please call:

Jeanne Welsch

Name of Person

at (262) 650-1889

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

FL GO LLC

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JUN - 1 1944
TALLAHASSEE, FLORIDA

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:

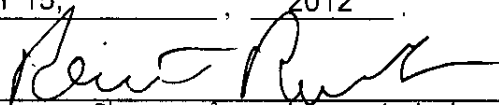
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARK KASISKE	1600 S. WILDWOOD DR. NEW BERLIN, WI 53151	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEANNE M. WELSCH	P.O. BOX 511090 NEW BERLIN, WI 53151	<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
			<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 MAY 15, 2012



Signature of a member or authorized representative of a member

ROBERT A. RAINEK

Typed or printed name of signee