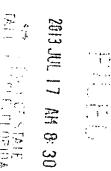
120000633/2

(Re	questor's Name)	
(Ad	dress)	
·	·	
/		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Outside of Outside	O- AIFA-	f O tal
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer	
N. aud	r ming Cinical.	
PARTY		
		i
ļ		
		j



300249832793

07/17/13--01025--012 **25.00



Office Use Only

JUL 18 2012

COVER LETTER

Division of Cor	porations		
SUBJECT: GO	Go Stuff Yourse Name of Limite	elf LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Da	vid Dupree Name of Person	
	60	Go Stuff Yo	oui Self
	318	NE 2nd Ave	#1
	<u>Gaines</u> ,	Address Sille FL 30 City/State and Zip Code Preeday @ yo	2015elf # 1 203 JUL 17 AM 8 30 Choo. Co. Co. Co. Co. Co. Co. Co. Co. Co.
	E-mail address: (to	be used for future annual report notificat	ion)
For further information c	oncerning this matter, please ca	ıll:	5m 6
Name o	d Dopsee	at (352 219 -	elephone Number
Enclosed is a check for the	he 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)

TO: Registration Section

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

Florida document number <u>L 12000663312</u>. 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) 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: DAVID DUDICE

318 WE 2nd Ave # 1

Enter Florida street address

Gaine Suille, Florida 32601

City Zin Code Name of New Registered Agent: New Registered Office Address:

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

<u>Title</u>	Name	Address	Type of Action
M6R	Amador, Guillermo	1133 NE SAVE	Add
		Gainesville, Fl 32601	Remove
MGR	Dupree, David	318 NE 2 d Ave # 1	_ Add
		GaineSoille, FL 3260	∑ l Remove
		jan G	- 20 Add .
			Remove
			Add Remove
		TARE -	ထာ ပ O Add
		·	Remove
			Add
			. Remove
	 		Add
			Remove
	•		

1			
		-	-
			-
			_
		···	-
			- ,
:d	July 10th, 2013.		
	M. 1 MI.		
	Signature of a member or authorized representative of a member		
	Nigel Hamm		
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00		~3
		- 1	2013 JUL 1"
		- <u> </u>	
.:		10 1 T	_
		77	7
		ئے۔ میں رب	<u>,,,,</u>
		三三	30

·