

L120000095007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

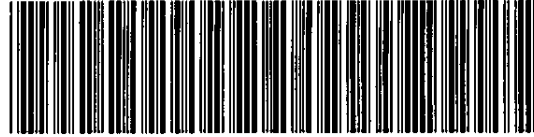
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100292133281

FILED

2016 NOV 16 A 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV 15 PM 2:24  
SUFFICIENCY OF FILINGS

D. BRUCE  
NOV 17 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 372276 7108498

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 16, 2016

ORDER TIME : 1:23 PM

ORDER NO. : 372276-005

CUSTOMER NO: 7108498

DOMESTIC AMENDMENT FILING

NAME: GO CMP LIMITED LIABILITY  
COMPANY

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

2016 NOV 16 A 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GO CMP LIMITED LIABILITY COMPANY

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:

CLAUDIA POTAMKIN

Name of Person

GO CMP LIMITED LIABILITY COMPANY

Firm/Company

C/O FORMAN, 5790 SW 96 STREET

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

kimargot@me.com

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

For further information concerning this matter, please call:

Claudia Potamkin

305 206-2602  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 16 A 10:38

FILED

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

GO CMP LIMITED LIABILITY COMPANY

(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 JULY 23, 2012 and assigned  
Florida document number L12000095007.

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 contain 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)**

3849 LEAFY WAY

MIAMI, FLORIDA 33133

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

C/O FORMAN

5790 SW 96 STREET

MIAMI, FLORIDA 33156

**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:

CLAUDIA POTAMKIN

New Registered Office Address:

3849 LEAFY WAY

*Enter Florida street address*

MIAMI

*City*

Florida 33133

*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 605, 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.*

*Claudia Potamkin*

**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sandra Yawn	2627 South Bayshore Drive, #3102	<input type="checkbox"/> Add
		Coconut Grove, Florida 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Claudia Potamkin	3849 Leafy Way	<input checked="" type="checkbox"/> Add
		Miami, Florida 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2016 MAY 16 A 10 38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

2016 NOV 16 AM 10 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2016 NOV 16 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 11/15/16, \_\_\_\_\_

Claudia Potamkin

Signature of a member or authorized representative of a member

CLAUDIA POTAMKIN

Typed or printed name of signee