

L12000135305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 DEC -4 AM 10:41

ALLAHABAD, INDIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SRS RELOCATION SERVICES, 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:

CAROLINA ROJAS

Name of Person

SRS RELOCATION SERVICES, LLC

Firm/Company

22 LILY HILL RD

Address

SWANNANOA NC 28778

City/State and Zip Code

CAROLINA.ROJAS@SRS-VENEZUELA.COM

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

For further information concerning this matter, please call:

ANTONIO E GOMEZ CPA

305 216-6003
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

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

SRS RELOCATION SERVICES, LLC.

(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 10/24/12 and assigned
Florida document number L12000135305.

This amendment is submitted to amend the following:

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

GO LOCAL RELOCATION, LLC.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

22 LILY HILL RD

(Mailing address MAY BE A POST OFFICE BOX)

SWANNANOA NC 28778

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:

ANTONIO E GOMEZ CPA PA

New Registered Office Address:

132 MINORCA AVENUE

Enter Florida street address

CORAL GABLES

Florida 33134

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 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.


If Changing Registered Agent, Signature of New Registered Agent

In 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>
MGR	CAROLINA ROJAS	22 LILY HILL RD	<input type="checkbox"/> Add
		SWANNANOA NC 28778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PATRICIA CARMEN BRACHT	22 LILY HILL RD	<input type="checkbox"/> Add
		SWANNANOA NC 28778	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

DEC 5 8:45
AM
ST. LOUIS, MO

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

AMENDMENT IS DONE FOR CHANGE OF NAME, ADDRESS AND REGISTERD AGENT, AND

ADDRESSES OF ORIGINAL MANAGERS

DEC -5 PM 18:49

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 11/30/2017, Ma

Signature of a member or authorized representative of a member

CAROLIN ROJAS

Typed or printed name of signee