

L13000027828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

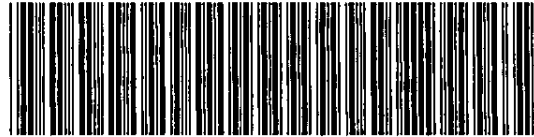
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2017 FEB 13 PM 4:01
D. BRUCE
FEB 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO-FLAUNT 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:

TIMOTHY COURTNEY

Name of Person

Firm/Company

8791 HOLLY COURT #203

Address

TAMARAC, FL 33321

City/State and Zip Code

M7KENDALL@GMAIL.COM

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

For further information concerning this matter, please call:

TIMOTHY COURTNEY

954
at ()

608-8778

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

2017 FEB 13 P 4: 01

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

GO-FLAUNT 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 02/20/2013 and assigned
Florida document number L13000027828.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2017 FEB 13 P 4:01
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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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	POTVIN, DANIEL	3952 TRACEWOOD LANE	<input type="checkbox"/> Add
		BOYTON BEACH, FL 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MILLS, MICKHAIL	709 7TH TER.	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL	<input type="checkbox"/> Remove
		33418	<input type="checkbox"/> Change
MGRM	ISILDAK, ATE	1733 CARVELLE DRIVE	<input checked="" type="checkbox"/> Add
		RIVERA, FL 33404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DEL CASTILLO, GONZALO	421 FLAMINGO DRIVE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Richters, John	505 REVERE ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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