

L13000110481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

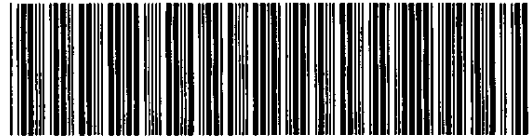
(Business Entity Name)

(Document Number)

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17 AUG 28 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2017

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GOMA INVESTMENTS FL 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:

MATT JELINEK

Name of Person

Firm/Company

216 NW 25TH ST

Address

WILTON MANORS, FL 33311

City/State and Zip Code

MPGFLinfo@GMAIL.COM

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

For further information concerning this matter, please call:

MATT JELINEK

Name of Person

at ( 608 )

Area Code

843-4648

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**

GOMA INVESTMENTS FL 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 08/06/2013 and assigned  
Florida document number L13000110481.

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)**

216 NW 25TH ST

WILTON MANORS, FL 33311

**Enter new mailing address, if applicable:**

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

216 NW 25TH ST

WILTON MANORS, FL 33311

**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:

MATT JELINEK

New Registered Office Address:

216 NW 25TH ST

*Enter Florida street address*

WILTON MANORS

*City*

Florida

33311

*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	ALON PELES	216 NW 25TH ST	<input type="checkbox"/> Add
		WILTON MANORS, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	SHULAMIT PELES	216 NW 25TH ST	<input type="checkbox"/> Add
		WILTON MANORS, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	EYAL E. HALALI	PO BOX 4174	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33338	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATT JELINEK	216 NW 25TH ST	<input checked="" type="checkbox"/> Add
		WILTON MANORS, FL 33311	<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


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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

Dated AUGUST 25 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MATT JELINEK  
\_\_\_\_\_  
Typed or printed name of signee