

Division of Corporations

**L14000039233**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From: Account Name : LEGALZCOM.COM INC.  
Account Number : I20010000062  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOLLOMAN&GOLLOMAN LLC

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Corporate Filing Menu

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FAX No. 863-4945014

F. 001/004

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: GOLLOMAN&GOLLOMAN 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

georgegolloman@gmail.com

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

For further information concerning this matter, please call:

Inelda Vasquez

Name of Person

at ( 323 )

Area Code

962-8600 ext 7950

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

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FAX No. 863-4945014 2014 JUN 12 PM 08:034

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GOLLOMAN&GOLLOMAN 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 03/10/2014 and assigned Florida document number L14000039233.

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:

149 HARRIS ROAD

**(Principal office address MUST BE A STREET ADDRESS)**

ARCADIA, FL 34266

Enter new mailing address, if applicable:

149 HARRIS ROAD

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

ARCADIA, FL 34266

**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

City, Florida 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

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F. 003/004

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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F. 004/004

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


Article IV. Please correct the address for the member GEORGE GOLLOMAN to:

149 HARRIS ROAD ARCADIA, FL 34266

**E. Effective date, if other than the date of filing: \_\_\_\_\_ optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5-28- 2014.

  
Signature of a member or authorized representative of a member

George Golloman

Typed or printed name of signee

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Filing Fee: \$25.00

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