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TALLAHASSEE FLORIDA

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MAY 13 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GOL INTERNATIONAL GROUP 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:

MARIA C SOUSA

Name of Person

SOUSA & ASSOCIATES INC

Firm/Company

PO BOX 618348

Address

ORLANDO, FL 32861-8348

City/State and Zip Code

carol@sousanassociates.com

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

For further information concerning this matter, please call:

MARIA C SOUSA

Name of Person

407 342-6382

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

GOL INTERNATIONAL GROUP LLC

Page 1 of 3

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>
MGRM	LUCAS JANEIRO MARTINS	4683 SUMMEROAK STREET	☒ Add
		#2107	☐ Remove
		ORLANDO, FL 32836	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 29, 2015

x Fabricio C Martins

Signature of a member or authorized representative of a member

Fabricio C Martins

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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