

L14000101510

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(Business Entity Name)

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DATE: 3/7/16

WALK IN

ENTITY NAME: Go Transportation, LLC

Document # L140606101510

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☐ Plain Copy

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE'/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION: \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED: \_\_\_\_\_

TOTAL AMOUNT OWED: \$25.00

CHECK NUMBER: \_\_\_\_\_

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

*Tina Goff, President*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Go Transportation, 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:

Mitchell Blumenthal

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2151 Dog Kennel Rd.

\_\_\_\_\_  
Address

Sarasota FL 34240

\_\_\_\_\_  
City/State and Zip Code

Blumenbekky@gmail.com

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

For further information concerning this matter, please call:

Sarah E. Filler (paralegal)

312 207-3929  
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

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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>
MGR	Deon Matthews	6284 McIntosh Rd.	<input type="checkbox"/> Add
AMBR (authorized representative)		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mitchell Blumenthal	2151 Dog Kennel Rd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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.

Dated March 3, 2016

Deon Matheus, Manager and authorized representative of a member  
Typed or printed name of signer

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