

L14000154710

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DIVISION OF CORPORATIONS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLIATH CAPITAL, 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:

MILAGROS TORRES

Name of Person

GOLIATH CAPITAL, LLC

Firm/Company

734 BAYWOOD CIRCLE

Address

SANFORD, FL 32773

City/State and Zip Code

mylectorres@gmail.com

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

For further information concerning this matter, please call:

MILAGROS TORRES

407 687-1132
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GOLIATH CAPITAL, 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 10/03/2014 and assigned
Florida document number L14000154710.

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:

734 BAYWOOD CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

SANFORD, FL 32773

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

734 BAYWOOD CIRCLE

Enter Florida street address

SANFORD

City

Florida 32773

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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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	JOSHUA A HERNANDEZ	6825 EDGEWATER DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR ZEVALLOS	PO BOX 607112	<input type="checkbox"/> Add
		ORLANDO, FL 32860	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CESAR ZEVALLOS	PO BOX 607112	<input type="checkbox"/> Add
		ORLANDO, FL 32860	<input checked="" 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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 Add
 Remove
 Change

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

FILED
JUN 14 1964
DIVISION OF CONGRESSIONAL RELATIONS

E. Effective date, if other than the date of filing: October 20, 2016 (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 29, 2016

W. J. Davis

Signature of a member or authorized representative of a member

MILAGROS TORRES

Typed or printed name of signee