L15000021469

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

	stration Secti sion of Corpo				•
CUDIECT.	Good2Go	LIMO, LLC.			
SUBJECT:		Name of Limite	ed Liability Company		
The enclosed	Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return	all corresponde	ence concerning this matter to	the following:		
		David H. Peek			
			Name of Person		
		Rogers Towers			
			Firm/Company		
		1301 Riverplace Blvd	. Suite 1500		
			Address		
		Jacksonville, Fl 3220	7		
			City/State and Zip Code	•	
	-	sunset305@gmail.con	n be used for future annual re	nort notification)	
For further inf	ormation cond	erning this matter, please call		,	
Jeff Rivera	1		954 663	3-0819	
	Name of Pe	rson	Area Code	Daytime Teleph	one Number
Enclosed is a	check for the f	ollowing amount:			
\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		1 \$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 ARTICLES OF ORGANIZATION **OF**

STAR OF TO STAR OF THE PARTY OF

Good2Go Limo, 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 I Florida document number <u>L15000021469</u>	Liability Company were filed on	Feb 2, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Company," t	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	·	

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address of fice address here:	on our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	Jeff Rivera		
New Registered Office Address:	2851 LEONARD DRIVE	, J-510	
	Enter F	lorida street address	
•	AVENTURA	, Florida <u>33</u>	160
	City	, —	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 Registe

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 = M $AMBR = A$	lanager Luthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeff Rivera	2851 LEONARD DRIVE, J-510	= Add
		AVENTURA, FI. 33160	□ Remove
MGR	David H. Peek	1301 Riverplace Blvd	
		Suite 1500	_ ■ Remove
		Jacksonville, Fl. 32207	·····
			Add
			☐ Remove
			□ Add
			□ Remove
	·		□ Add
			□ Remove
	-		Add
			Remove

it amending any other i	information, enter change(s) here: (Attach daditional sheets, if nec	essur y.y
•	·	
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		· · · · · · · · · · · · · · · · · · ·
Effective date, if other t	than the date of filing: (opti	ional)
	d by the Florida Department of State)	anci
Dated April 7	() 201 <i>5</i> \	
Dated		
	(Sout Hul-	
	Signature of a member or authorized representative of a member	
David H. Pe	eek	
	Typed or printed name of signee	

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Filing Fee: \$25.00