

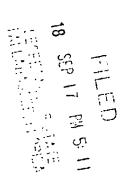
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		AMILY BUSINESS, LLC		
50051.01	•	Name of Limit	led Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter t	o the following:	
		EDUARDO A VALERIO		
			Name of Person	
		GONEXT FAMILY BUSI	NESS, LLC	
			Firm/Company	
		199 E FLAGER STREET #	#269	
			Address	 -
		MIAMI, FL 33132		
		eavalerio@gonext.us	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	II:	
VALENT	IN BEJAR		305 972-8574	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is	s a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GONEXT FAMILY BUSINESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	03/10/2015	
The Articles of Organization for this Limited Liability Company	were filed on OS/10/2015	and assigned
Florida document number L15000043894		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5. 0
		32.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
	-	
Name of New Registered Agent:		
New Projectored Office Address		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605. F	U am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	J. VALERIO CONSULTORIA LTDA	RUA DAS PAINEIRAS, 681 PINHAIS-PARANA, BR	
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			Change
			□ Remove
			Change
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ective date, if other than the da	e of fili	09 ing:	7/12/2018				(onti	onal)		
n effective date is listed, the date must be tee: If the date inserted in this block	specific a	ınd cann	ot be prior he applic	to dute of able statu	filing or m itory filin	ore than 9 g require	0 days after	filing.)	Pursuant vill not l	to 605.02 be listed
cument's effective date on the Depar	tment of	l'State'	s records.							
record specifies a delayed et	fective	date	, but no	t an eff	ective t	ime, at	12:01	a.m. c	n the	earlier
The 90th day after the record						ŕ				
SEPTEMBER 12		20)18	,	0	4				
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Filing Fee: \$25.00