L 15000213423

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 23, 2017

DEBBIE MAINE 19341 NE 1 PL MIAMI, FL 33179

SUBJECT: THE GO TO GURU, LLC

Ref. Number: L15000213423

We have received your document for THE GO TO GURU, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 217A00017401

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www.sunbiz.org

Division of the property of th

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT TO COLUMN	7. 140
SUBJECT: Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
	EMPINE MANCE
	Firm/Company
192	MINE PL Address
	City/State and Zip Code
E-mail ac	
For further information concerning this matter, p	 dease call:
Debbe Mane Name of Person	at (N) SS(S) 16 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee	S S S S S S S S S S S S S S S S S S S
Challed of St	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations Clifton Building
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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	ТО		1211
ARÏ	ICLES OF ORGANIZA	TION	LE LET
	OF		2017 SEP -5 AMIL: 59
_			S AMI
(m To	(- m) 110		Mills 1232 "11:59
(Name of the Lin	ited Liability Company as it now apper	ars on our records.)	
	(A Florida Limited Liability Company		TONITA
The Articles of Organization for this Limited	liability Company were filed on 1	2/28/15	and assigned
		1	
Florida document number <u>LISCODA</u>	<u> </u>		
This amendment is submitted to amend the fo	lowing:		
		L	
A. If amending name, enter the new name			
The new name must be distinguishable and contain the	GLOBAL ENTERPRI	SE LLC	
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 appl			
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
	G ROY)		
(Mailing address MAY BE A POST OFFIC			
			
			tor the name of the new
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address	on our records, <u>ent</u>	er the name of the new
registered agent and/or the new registered			
Name of New Registered Agent:		_	
New Registered Office Address:			_
New Registered Office Address.	Enter I	Florida street address	
		Planisla	
	City	, Florida	Zip Code
			·
New Registered Agent's Signature, if changin	<u> Kegistered Agent:</u>		

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

. If amending or removed	3 Authorized Person(s) auth	norized to ma	nage, <u>enter th</u>	e title, name, and address of eac	h person being added		
or removed from our records: MGR = Manager AMBR = Authorized Member			Address Address				
<u>Title</u>	<u>Name</u>		Address	SLUKE IAND OF	Type of Action		
				MACLANASSEE, FLORIDA	D Add		
					🗆 Remove		
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If amending any other information, (enter change(s) here: (Attach additional sheets, if necessary.)
	2017 SEP -5 PM P: 00 AILANASSTI FLORENTA
	2012
	2017 SEP -5 pm
	74/16/1/ /ARY 0
_	
. Effective date, if other than the date	e of filing: (optional)
Alf an affactive date is listed, the date must be st	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02070 toos not meet the applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effoly b) The 90th day after the record	Tective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.
Sal 15th	3017
Dated Of 1	
	nature of a member or authorized representative of a member
Sign	nature of a member of authorized representative of a member
<u> </u>	Phone Marke
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00