

L160000025816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2016 MAY 23 P 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2016

BO;; HAVRE
REGISTERED AGENTS INC.
3030 N. ROCKY POINT DR, STE 150A
TAMPA, FL 33607

SUBJECT: GO4IT TRAINING AND CONSULTIVE SERVICES LLC
Ref. Number: L16000025816

2016 MAY 23 PM 3:53
TALLAHASSEE, FLORIDA

We have received your document for GO4IT TRAINING AND CONSULTIVE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A0000745

2016 MAY 23 P 3:01
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GO4it Training And Consultive Services 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:

Bill Havre
Name of Person

Registered Agents Inc.
Firm/Company

3030 N. Rocky Point Dr. Ste. 150A
Address

Tampa FL. 33607
City/State and Zip Code

PineroJoel1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Pinero at (321) 945-5078
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

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2016 MAY 23 P 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G04it Training and Consultive Services 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 2/8/2016 and assigned
Florida document number L 16000025816.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

G04it Training and Consulting Services LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same as before

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as before

(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:

Same as before

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joel Pinero	3030 N. Rocky Point Dr.	<input checked="" type="checkbox"/> Add
		Suite 150A	<input type="checkbox"/> Remove
		Tampa Fl. 33607	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 23 P 3:01

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Dated March 30, . 2016 .



Signature of a member or authorized representative of a member

Joel Pinero

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2016 MAY 23 P 3:01

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TALLAHASSEE, FLORIDA