

L16000037185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

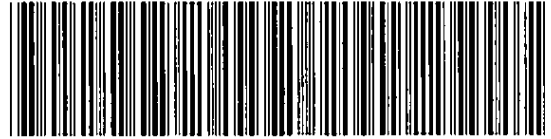
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gago Capital LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L16000037185

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gabriel Gotthilf  
Contact Person

Gago Capital LLC  
Firm/Company

18117 Biscayne Blvd #1365  
Address

Miami, FL, 33160  
City, State and Zip Code

gaby0131@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Gotthilf at ( 786 ) 897-3335  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2023

GABRIEL GOTTHILF  
GAGO CAPITAL LLC  
18117 BISCAYNE BLVD., #1365  
MIAMI, FL 33160

SUBJECT: GAGO CAPITAL LLC  
Ref. Number: L16000037185

We have received your document for GAGO CAPITAL 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 Limited Liability Company. 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) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 723A00021305

SEP 15 2023

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GayO Capital LLC

2. (a) 18117 Biscayne Blvd #1365 (b) 18117 Biscayne Blvd #1365  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Miami, FL, 33160 Miami, FL, 33160

2/23/2016 L16000037185

3. Date of filing/registration in Florida 4. Document number

5. (a) Gottlieb, Gabriel  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1075 Collins Ave #1406

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bal Harbour, FL 33154

(b) Gottlieb, Gabriel  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

18117 Biscayne Blvd #1365

**NEW Registered Office Address:**

Miami, FL 33160

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
 Signature of a member or authorized representative of a member

Gabriel Gottlieb  
 Printed or typed name of signee

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.

[Signature]  
 Signature of Registered Agent