

L16000044542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

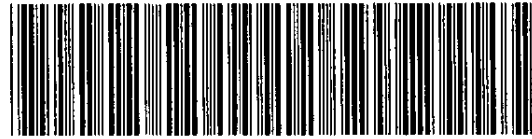
(Business Entity Name)

(Document Number)

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17 SEP 29 AM 8:49
TALLAHASSEE, FLORIDA

SEP 28 2017

YOUNGER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2017

BENJAMIN BRAVO
15029 SW 153 CT
MIAMI, FL 33196

SUBJECT: BARBEN SOLUTIONS LLC
Ref. Number: L16000044542

We have received your document for BARBEN SOLUTIONS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 217A00018403

2017 SEP 28 AM 11:19

RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barben Solutions LLC
Name of Limited Liability Company

RECEIVED
2011 SEP -5 PM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Bravo
Name of Person

Firm/Company

15029 SW 153 CT
Address

Miami, FL 33196
City/State and Zip Code

bbravo3@pinedu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Bravo at (305) 528-8130
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

NO \$

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

Barben Solutions 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 3/3/16 and assigned
Florida document number L16000044542.

This amendment is submitted to amend the following:

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

G.O.A.T Express 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 Palm Ave., Clearston FL
33440

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14242 S.W. 139 CT, Miami
FL 33186

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|----------------------|---|
| MGR | Robert C Staab | 8200 SW 13 ST | <input checked="" type="checkbox"/> Add |
| | | North Lauderdale, FL | <input type="checkbox"/> Remove |
| | | 33068 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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17 SEP 29 AM 8:43
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN Number 81-2922412

17 SEP 29 AM 8:49
CLERK OF THE COURT
STATE OF FLORIDA

E. Effective date, if other than the date of filing: ~~000000~~ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 1, 2017.

Signature of a member or authorized representative of a member

Benjamin Brown

Typed or printed name of signee