

L16000076959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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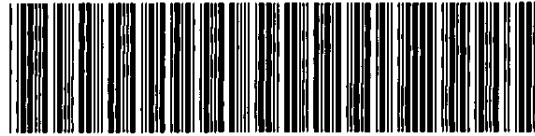
(Business Entity Name)

(Document Number)

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2017 MAY -5 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
17 MAY -5 AM 11:10

K. SALY

MAY -8 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 624048 7954727

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2017

ORDER TIME : 5:38 PM

ORDER NO. : 624048-005

CUSTOMER NO: 7954727

DOMESTIC AMENDMENT FILING

NAME: GAROTA GATA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

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

GAROTA GATA, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/19/2016 and assigned
Florida document number L16000076959.

This amendment is submitted to amend the following:

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

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)

1921 AVENUE D

FORT PIERCE, FL

34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1921 AVENUE D

FORT PIERCE, FL

34950

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>
AMBR	Henry Paul Regan	9314 Forest Hill Blvd, Ste 313	<input type="checkbox"/> Add
		Wellington, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ygor Oliveira	1921 Avenue D	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34950	<input type="checkbox"/> Remove
		1921 Avenue D	<input type="checkbox"/> Change
AMBR	John B. Goodman	Fort Pierce, FL 34950	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

(b) The 90th day after the record is filed.

Dated 5/3/2017, 5/3/2017.

DocuSigned by:
Paul Keger
B2E7E363332E44G

Signature of a member or authorized representative of a member

Henry Paul Regan

Typed or printed name of signee