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, COVER LETTER , *

TO: Registration Sector Division of Corp	tion orations		
SUBJECT:	JAVIER E	GONAY LLC	
	Name of Lim	пец главину Сопірану	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	RICHAR	Name of Person	
	A+ TAY	Firm/Company	Service Inc
	6518 U	5 4WY 19 W Address	
	Now Apr	Thickes FL 3 City/State and Zip Code	4652
	RWILLIAY E-mail address: (1	n 5 (1) A PLUS TB 5.00 to be used for future annual report notifica	tion)
For further information con	ncerning this matter, please ca	all:	
RICHAR-D Name of	W. WIAMS Person	at (727) 847 - Area Code Daytime To	U324 elephone 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 Tallahassec, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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

	GODAY UC
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LILOOOO94939</u>	pany were filed on 5 /13 /16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
TAVIER E The new name must be distinguishable and contain the words "Limited"	SODOY 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:	The state of the s
(Principal office address MUST BE A STREET ADDRES	S) (32)
Enter new mailing address, if applicable:	STATE LORID
(Mailing address MAY BE A POST OFFICE BOX)	P
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
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's	gent:

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GODOY URBINA, JANIER	E	
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			🗀 Add
		·	Remove
		C CRE	Change
		ASSEE	□ Remove
		F LORII	Change

ective date, if other than the date of filing: (optional)	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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest e 90th day after the record is filed. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest e 90th day after the record is filed. Signature of a member or authorized representative of a member Figure of a member of authorized representative of a member and after the record is filed.									_
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	Typed of printed name of signee			RICHARD	William	ns ,	REGISTI	ASSE CARRO	Asa	<u> </u>
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