

KL6 0000 98132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

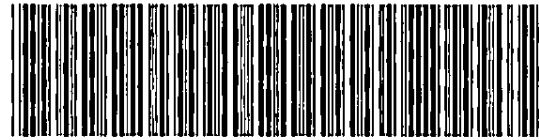
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2022 MAY 31 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G04GOALS ENTERPRISES 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:

David G. Cartwright Jr.
Name of Person

G04GOALS ENTERPRISES LLC
Firm/Company

1 Alhambra Plaza, PH Floor
Address

Miami FL 33134
City/State and Zip Code

dcartw1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David G. Cartwright Jr. at (305) 434-5955
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 MAY 31 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL

GO4GOALS ENTERPRISES 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 5/19/2016 and assigned Florida document number L16000098132.

This amendment is submitted to amend the following:

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

ACHIEVERS ROLL ENTERPRISES 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)

1 Alhambra Plaza
PH Floor
Miami FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Alhambra Plaza
PH Floor
Miami FL 33134

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |

***Terms** Add

NOTE: Failure to confirm approval within 24 hours will affect your ship date. Disclaimer: It is the sole responsibility of the customer to approve the accuracy of all details related to artwork in accordance with their Purchase Order and its specification.

Customer represents and warrants that Customer has the legal right to direct Broder Bros. Co. dba alphabroder (order) to use the logo(s) specified in this Order Form. Customer agrees to indemnify, defend and hold alphabroder harmless from all costs, damages and expenses, including reasonable attorney's fees, incurred in all claims, including, but not limited to, copyright and trademark infringement claims, arising out of alphabroder's use of the logo(s) specified in this Order Form by Customer. Add

| Item | Description | Quantity | Unit Price | Total |
|------|--|----------|------------|-------|
| | Run Charge - Included | | | |
| | Color 1 of 1 | 100 | | |
| | PT103 : PT103-BLK | | | |
| | Pet Waste Disposal Bag Dispenser with Flashlight - Black | 100 | | |
| | Pool | 1 | | |

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

E. Effective date, if other than the date of filing: _____ (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 May 25th, 2022.

David G. Cartwright Jr.

Signature of a member or authorized representative of a member

David G. Cartwright Jr.

Typed or printed name of signee