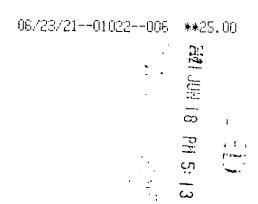
## L16000190955

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Special Instructions to Filing Officer:				





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2021

MARIA CACHALDORA 3400 SW 27TH AVE, STE 1404 MIAMI, FL 33133

SUBJECT: GOCA CONSULTING & SERVICES LLC

Ref. Number: L16000190955

We have received your document for GOCA CONSULTING & SERVICES 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.

SUBMITTED IN 2 FILINGS TOGETHER, EACH FILING IS \$25 EACH

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00012262

Division of Cornerations DO DOV coor multi-

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM JUN 18 PH 5: 13

GOCA CONSULTING & SERVICES, 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 10-17-2016	and assigned
Florida document number L16000190955		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	848 BRICKE	LL AVE
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 400	
	MIAMI, FL 33	5(3)
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
Nam Danistanad Amerika Siranama 18 Amerika 19	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and covided for in Chapter 605, F.,	Lam familiar with and S. Or, if this document is

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 = M $AMBR = A$	lanager athorized Member	in the second se	
<u>Title</u>	<u>Name</u>	Address 22 JUH 18 PM 5:	13 Type of Action
MGR	MARIA A. CACHALDORA	3400 S.W. 27TH AVE- #1404	
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Effective date, if other than the	date of filing:		_ (optional)
f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be prior ock does not meet the annlier	to date of filing or more than 90 d	ave after filing A Purcuant to 605 0207
document's effective date on the D	epartment of State's records.	one comments, ming requirement	and, this date will not be listed as
record specifies a delayed effective is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
LANGES DAV. E	2024	(6)	
Dated		. <del>-</del> / /	
	Mather.		
	Signature of a member or author	rized representative of a member	<del></del>
	GONZALO J. GONZA	VLFZ MANAGER	
<u> </u>		d name of signee	

Filing Fee: \$25.00