(Re	equestor's Name)	
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D. SCOTT APR 2 1 2017

# **COVER LETTER**

TO: Registration Sect Division of Corpo		
subject: <u>А</u>	Ho Z Tech Gurus, Name of Limited Liability Company	LLC
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	Saca Gold Name of Person	oer g
	Firm/Company	
	1986 Millington	n Fw
	Jack SONVILLE City/State and Zip Cold	· ·
	E-mail address: (to be used for future annua	Ve. Com
For further information con-	cerning this matter, please call:	TSS T
Sheldon Name of P	erson at (727) Area Code	Daytime Telephone Number  SSET PROPERTY OF THE
		OF STA
Enclosed is a check for the state of the st	S30.00 Filing Fee & Certificate of Status  Certificate of Status  S55.00 Filing Fee Certified Copy (additional copy is en	& \$60.00 Filing Fee, 50 Certificate of Status &

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ato Z lech G	rurus, LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Of Control	Company were filed on $\frac{1/19/201}{297}$	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Go Meisters, 2	<u> </u>	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Timelpus Office unuress MOST DE ASTREET ADDI	- Idasis,	<del>** * · · · · · · · · · · · · · · · · · </del>
Enter new mailing address, if applicable:		
		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis		the name of the new
registered agent and/or the new registered office add	lress here:	超多四
		記るこ
Name of New Registered Agent:		22 0 m
N D 1 1000 111		지역 교 ㅁ
New Registered Office Address:	Enter Florida street address	- <del> </del>
		<b>高品 26</b>
	, Florida	37
	Citv	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

$\mathbf{AMBR} = .$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Fective date, if other than the date of an effective date is listed, the date must be speote: If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a	07 (3)(b) as the
record specifies a delayed effec The 90th day after the record is	ctive date, but not an effective filed.	time, at 12:01 a.m. on the earlier of	
ned April 15		APR 20 PR	<u>.</u> n
- Dara Q	are of a member or authorized representati	<u> </u>	<b></b>
Signati	ne of a member of authorized representati	ve of a member 26	

Page 3 of 3

Filing Fee: \$25.00