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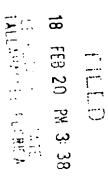
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Bakasana, I	TC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Eduardo Mendez		
		····	Name of Person	
		Mendez Rothbard Molieri	& CO.	
			Firm/Company	
		2600 S Douglas Rd., Suite	501	
		,	Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		Emendez@mrmco-cpa.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Eduard	o Mendez		305 742-2800 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
52 5	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

Bakasana, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconnited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/04/2017	and assigned
Florida document number L17000166242		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GO ADVISORS, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5
		च च
B. If amending the registered agent and/or registere	ed office address on our recor	*
registered agent and/or the new registered office address		- 15 ω
		o
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	en
	, F	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

Title	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			□ Remove
			□ Add
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n offective date is list	her than the date of filling the date must be specific and the date must be specific and the date and the dat	nd cannot be prior to date	of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605 its, this date will not be liste	.0207 ()
nument's effective	date on the Department of	State's records.	atatory minig requirement	is, this date will not be fish	AL &S U
record specifie	s a delayed effective	date, but not an e	effective time, at 12	:01 a.m. on the earlie	er of:
ted O2/15	ter the record is filed				
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~	* David	1. Zue	representative of a member		_

Page 3 of 3

Filing Fee: \$25.00