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COVER LETTER

TO: Registration Solution of Col			
GOICORP	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sul	· ·	
Please return all correspo	ondence concerning this matter	to the following:	
	Enrique Goicoechea		
		Name of Person	
	GOIKORP LLC		
		Finn/Company	
	10326 Sweet Bay Ct		
	-	Address	
	Parkland FL 33076		
		City/State and Zip Code	
	egoicoechea@goikorp.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	all:	
Enrique Goicocchea		305 7099872	
Name o	f Person		c Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	.7	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Principal office address MUST BE A STREET ADDRESS) Correspond to the street address of	pany," the designation "LLC" or the abbreviation "L.L.C." Galiano St 2nd Floor Gables, FL
GOIKORP LLC The new name must be distinguishable and contain the words "Limited Liability Contents" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Core 3312 Enter new mailing address, if applicable: 2332	pany," the designation "LLC" or the abbreviation "L.L.C." Galiano St 2nd Floor Gables, FL
The new name must be distinguishable and contain the words "Limited Liability Contents" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 2332 2332	Galiano St 2nd Floor Gables, FL
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 2332 2332	Galiano St 2nd Floor Gables, FL
(Principal office address MUST BE A STREET ADDRESS) Correspond to the street of the street address of the str	Gables, FL
(Principal office address MUST BE A STREET ADDRESS) Core 331: Enter new mailing address, if applicable: 233:	4
Enter new mailing address, if applicable:	
Enter new maning address, it applicable:	Galiano St 2nd Floor
Mutting address MAT BE A FOST OF FICE BOA)	Gables, FL
331:	
agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida, Zip Code
	V Zip Code
Construction of America Signature of the same Desire A.A.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to a	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	from our records:		to trace transect and address of the	ten person being added
MGR = M AMBR = A	lanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	ANTAR 15 AN 7:22	Type of Action

		_ 🗆 Add
		_ 🗆 Remove
		_ 🗆 Change
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ective date, if other than the date of filing	3: (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 605.0
e: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed tate's records.
	and o records.
cord specifies a delayed affective data, but not	on official sine at 12.01
i filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 12	2021
F1001 0 10 (10)	<u> </u>
TOMORD (NA	2.
Signature of a rr	perhoer or authorized representative of a member

Filing Fee: \$25.00