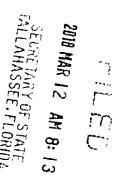
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## **COVER LETTER**

TO: Reg Div.	gistration Sec ision of Corp	ction porations		
SUBJECT:	GO72, LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		ELENA ORDONEZ		
			Name of Person	
		GO72, LLC		
			Firm/Company	
		16950 N BAY ROAD AP	Γ 1814	
			Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
		aramis301@yahoo.es		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
ELENA ORI	DONEZ		786 397 5998	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
<b>≘</b> \$25.00 F	iling 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO72, LLC			<u></u>
( <u>Name of the Lim</u>	(A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited 1 Florida document number L18000038781	Liability Compar	ny were filed on <u>02/12/2018</u>	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
			<del> </del>
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the no
Name of New Registered Agent:	N/A		
New Registered Office Address:			ILLA BODB I
		Enter Florida street address	HAR HAS
		, Floric	
New Registered Agent's Signature, if changing	Registered Agen	•	C Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulations filed to merely reflect a change in the company has been notified in writing of this	per and comple sistered agent as registered offic	te performance of my duties, and l s provided for in Chapter 605, F.S	er or gree to comply with the am familiar with and . 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUSTAVO ORDONEZ	16950 N BAY ROAD, APT 1814	Add
		SUNNY ISLES BEACH, FL 3316(	■ Remove
			Change
		-	
			☐ Remove
			☐ Change
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fective date, if other tl	han the date of filing	••		(antional)		
n effective date is listed, the	date must be specific and	cannot be prior to d	ate of filing or more th	nan 90 days after filing.) P	ursuant to 605	5.020
ote: If the date inserted in cument's effective date of			statutory filing rec	uirements, this date wi	ll not be liste	ed a
record specifies a c	delayed effective d	late, but not a	n effective time	, at 12:01 a.m. or	n the earlic	er o
The 90th day after t				,		
March C		2010				
ted March 6	·	2016				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00