## L18000167194

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>⇒</i> #)
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	rporations		
EUD IEZTE.	GOMARU	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 correspo	ondence concerning this matter	to the following:	
		JON INNO EMIEL ABRI	GO	
	Certificate of Status  Certified Copy (certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Certified Copy (additional copy is enclosed)			
		GOMARU LLC		
			Firm/Company	
		5910 SOUTH GOLDEN	BEAUTY LANE	
			Address	
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for tiling, spondence concerning this matter to the following:  JON INNO EMIEL ABRIGO  Name of Person  GOMARU LLC  Firm/Company  5910 SOUTH GOLDEN BEAUTY LANE  Address  TAMARAC, FL 33321  City/Ntate and Zip Code emielabrigo@gmail.com  Femail address: (to be used for future annual report notification) on concerning this matter, please call:  ABRIGO  at (  Area Code  Daytime Telephone Number  or the following amount:  S30,00 Filing Fee & Certificate of Status  Certified Copy tadditional copy is enclosed)  LLING ADDRESS: ISTREET/COURTER ADDRESS: Istration Section Sixon of Corporations  STREET/COURTER ADDRESS: Registration Section Division of Corporations		
			City/State and Zip Code	
		Mane of Limited Liability Company  mendment and fee(s) are submitted for filing.  JON INNO EMIEL ABRIGO  Name of Person  GOMARU LLC  Firm/Company  5910 SOUTH GOLDEN BEAUTY LANE  Address  TAMARAC, FL 33321  City/State and Zip Code emielabrigo@gmail.com  E-mail address: (to be used for future annual report notification)  recerning this matter, please call:  GO  at ( Area Code Daytime Telephone Number)  following amount:  D \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  GADDRESS:  STREET/COURIER ADDRESS:		
For further in	iformation c			,
		-		
	Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	he following amount:		
□ \$25.00 P	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio	ration Section on of Corporations	Registration Section	on .

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOMARU LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000167194</u>	ompany were filed on 07/11/2018	and assigned
	_•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	18 IVIS
		CRE
		-3
Enter new mailing address, if applicable:		<u>2</u>
Mailing address MAY BE A POST OFFICE BOX)		0R/ 0R/
		<u>3</u> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		<del></del>
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office address.</li> </ol>		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florio	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	JUANITO ABRIGO	5910 SOUTH GOLDEN	
		BEAUTY LANE	■ Remove
		TAMARAC, FL 33321	
			□ Remove
			🗖 Change
MGR	JON INNO EMIEL ABRIGO	5910 SOUTH GOLDEN	<b>_</b> Add
		BEAUTY LANE	Remove
		TAMARAC, FL 33321	Change
			Add
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ncument	s effective date on the Department of State's records.		
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier (	of:
The 90	th day after the record is filed.		
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Typed or printed name of signee

Page 3 of 3

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