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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	GO BE HOLDIN	egs llc .	
30B3DC.1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	(GUY GOLDRAT	
		Name of Person	
	GG	O BE HOLDINGS LLC	
		Firm/Company	
	2929	LANGLEY AVE SUITE 103	
		Address	
	PEN	SACOLA FL 32504	
		City/State and Zip Code	
	G	2GRINC@ GMAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
GUY	GOLDRAT	850 860-9051 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F.	rporations Tallahassee be Street, Suite 810

ARTICLES OF AMENDMEN I TO ARTICLES OF ORGANIZATION OF

21 .

GO BE H	OLDINGS LLC	4.2	111111111111111111111111111111111111111
(Name of the Limited Li (A F)	ability Company as it now appear orida Limited Liability Company)	s on our records.)	75.57
The Articles of Organization for this Limited Liabili Florida document number 1.18000248207			and assigned
This amendment is submitted to amend the following	ā:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	esignation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
		· 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ecords, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enter Flor	ida street address	
			.i .
_	City	, Fiori	da

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 to 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUY GOLDRAT	2929 LANGLEY AVE SUITE 103	■Add
		PENSACOLA FL 32504	
			□Change
MGR	GUY GOLHURST	2929 LANGLEY AVE SUITE A364	
		PENSACOLA FL 32504	_
			□Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than the an effective date is listed, the date in serted in this ocument's effective date on the	ust be specific and cannot be block does not meet the a	pplicable statutory fili	(option more than 90 days after fil ng requirements, this d	al) ling.) Pursuant to 605 0207 late will not be listed as
record specifies a delayed effect his filed.	ive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
05/05 ated	2020			
05/05 Pated	- 2020 - QC	Ma		
ated	Signature of amember or	authorized representativ	e of a member	