

L18000255540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

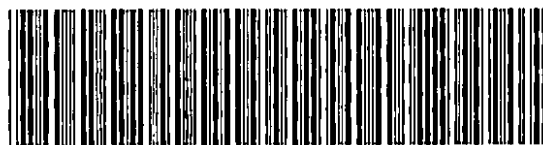
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF CORPORATIONS
20 NOV -L AM 11:30

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COVER LETTER

**TO: Registration Section
Division of Corporations**

GoJet Communications LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack O. Reid

Name of Person

GoJet Communications LLC

Firm/Company

1819 Rhonda St.

Address

Fort Myers Fl. 33901

City/State and Zip Code

GoJet.fl@gmail.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack O. Reid

727

276-3123

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
20 NOV - 4 AM 11:30

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GoJet Communications LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/31/2018 and assigned
Florida document number L18000255540

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 2694
Zephyrhills, FL 33539

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jack O. Reid

New Registered Office Address:

1819 Rhonda Street
Fort Myers FL, 33901

~~5168 4th Street Zephyrhills FL~~
Enter Florida street address

~~Zephyrhills~~ Florida ~~33542~~
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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF
20 NOV - 11 AM 11:30

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashlee M. Reid	1819 Rhonda St Fort Myers Fl. 33901	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chance W. Jones	503 San Jose Pl. Temple Terrace Fl. 33617	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an 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 0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

Dated

Signature of a member or authorized representative of a member

Jack O. Reid

Typed or printed name of signee

Filing Fee: \$25.00

Bill of Sale

Chance Jones and Jack Reid enter into a good faith agreement that changes our current ratio of GoJet's 51/49% ownership to 100/0%, Jacks favor. As sole owner of GoJet, Jack assumes all business relations, responsibilities, operations, all associated tools, equipment and personnel. Agreed selling price is \$1.00, check made payable to Chance Jones.

X Chance Jones

X 29 Sept 20

X Jack Reid

X 14 Oct 2020