

L19 000081728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

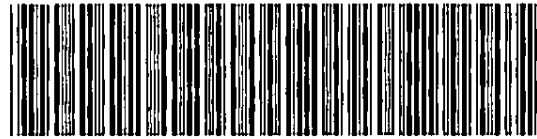
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/2/21  
Tm

Office Use Only



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04/14/21--01014--015 \*\*30.00

21 APR 14 AM 10:41  
RECEIVED BY CONF. CONTROL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOMO TRAVEL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerri Johnson

\_\_\_\_\_  
Name of Person

GOMO Travel, LLC

\_\_\_\_\_  
Firm/Company

712 Cape Coral Pkwy W.

\_\_\_\_\_  
Address

Cape Coral, FL 33914

\_\_\_\_\_  
City, State and Zip Code

eduardo@gomotravel.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Waite

904 881-9331  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

NO. 104 COR-CPAL-93

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

**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

21 APR 14 AM 10:41  
DIVISION OF CORRECTIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Eduardo Waite	712 Cape Coral Pkwy W.	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Bednarek	1106 Hagler Drive West	<input checked="" type="checkbox"/> Add
		Neptune Beach, FL 32266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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21 APR 14 AM 10:41

(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.

2021

Signature of a member or authorized representative of a member

Eduardo Waite

Typed or printed name of signee

**Filing Fee: \$25.00**