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(Requestor's Name)	
(Address)	
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(City/Obaha 77 in 10)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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COVER LETTER

TO:	Registration Sec Division of Cor						
		NG FORWARD LLC					
SUBJECT: Name of Limited Liability Company							
		Amendment and fee(s) are submodence concerning this matter	_				
		Marili Cancio					
			Name of Person				
		Marili Cancio Johnson PA					
			Firm/Company	 			
		1395 Brickell Ave Suite 65	50				
			Address				
		Miami FL 33131					
		marili.cancio@cjelaw.com	City/State and Zip Code	 			
		E-mail address: (t	to be used for future annual report notif	ication)			
For fu	arther information co	oncerning this matter, please ca	ill:				
Mari.	li Cancio		786 802-2332 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Encla	sed is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO MOVING FORWARD ELC		
(<u>Name of the Limited Liability (</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.19000132802	pany were filed on May 16, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
CADDY LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		38.7
		and § TI
		20
B. If amending the registered agent and/or register		
registered agent and/or the new registered office addres	<u>s here</u> :	
		9.4
Name of New Registered Agent:		EM 6
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action **Title Name** ☐ Change □ Add □ Remove _____ Change _□ Remove □ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove

_ Change

(If an el Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	8/12/19
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00