L19000 166 788

(Requestor's Name)	
(Address)	
(Address)	
(Ĉity/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

Office Use Only



300332488393

07/30/19--01012--029 **25.00



AUS () 5 2019 I ALBRITTON

COVER LETTER

Division of Corporations GO SHIPPING FLORIDA 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: LUZ H MENDIETA DE MARIN Name of Person GO SHIPPING FLORIDA LLC Firm/Company 1750 NW 107 AVE #M502 Address SWEETWATER FLORIDA 33172 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Street Library LUZ MENDIETA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

TO ARTICLES OF ORGANIZATION **OF**

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

	RGANIZATION	
O		Olg .
GO SHIPPING FLORIDA LLC		
	as as it now appears an our records	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited E	nability Company)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	dity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1750 NW 107 AVE #M502	
Principal office address MUST BE A STREET ADDRESS)	SWEETWATER FL 33172	
		
inter new mailing address, if applicable:	1750 NW 107 AVE #M502	
	1750 NW 107 AVE #M502 SWEETWATER FL 33172	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of	SWEETWATER FL 33172 fice address on our records, e	nter the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of	SWEETWATER FL 33172 fice address on our records, e	nter the name of the
Mailing address MAY BE A POST OFFICE BOX) 6. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	SWEETWATER FL 33172 fice address on our records, e	nter the name of the
Mailing address MAY BE A POST OFFICE BOX) 6. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	SWEETWATER FL 33172 fice address on our records, e	nter the name of the
Mailing address MAY BE A POST OFFICE BOX) 6. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	SWEETWATER FL 33172 fice address on our records, e	nter the name of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	SWEETWATER FL 33172 Fice address on our records, e Enter Florida street address	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	SWEETWATER FL 33172 Fice address on our records, e	

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>	<u>Address</u>	Type of Action
MGR	MARIA GABRIELA YANES	1750 NW 107 AVE APTO M502 SWEETWATER FL 33172	⊒ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
		1.	Change
			□ Add
			Remove
			🗆 Add
			☐ Remove
			Change
			Add
		•	□ Remove
			Change

•	
Effect	ive date, if other than the date of filing:
If an ef	ective 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)
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	The state of the Separation of
he re	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ine	90th day after the record is filed.
Dated	<u> July 25 </u>
Date	
	Will the state of
	Signatura Standard St
	Signature of a men ber or authorized representative of a member
	manifest. la me
	_ lus Mendieta de Morin
	Eyped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00