119000 205082

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(Document Number)
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COVER'LETTER

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SUBJECT:	B IN CRUICES LLC		
	Name of Lim	ited Liability Company	
The analysis Assistas of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	SERGIO A PRIETO		
	 	Name of Person	
	GO CLUB IN CRUICES	LLC	
		Firm/Company	
	787 STANTON DR		
		Address	
	WESTON, FL 33326		
		City/State and Zip Code	
	sergioaprietop@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	atl:	
SERGIO A PRIETO		305 318-4623	
Name	of Person	at () Area Code Daytime	Telephone Number
		1	
Enclosed is a check for t	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)
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:

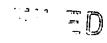
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP 26 AM 10: 09

GO CLUB IN CRUICES LLC			
(<u>Name of the Lim</u>	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	· · · · · ·
	ĺ		• • •
The Articles of Organization for this Limited I	Liability Compar	ny were filed on <u>08/12/2019</u>	and assigned
Florida document number L19000205082			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited lia	bility company here:	
GO CLUB IN CRUISES LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	r ROY1	 .	
Manager Manager Manager Town Control	<u>. 150717</u>		
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	ida
		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>Title</u>	<u>Name</u>	Address	Type of Action
N/A			
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and co	annot be prior to date	of filing or more than 9	(optional)	ent to 605 02
e: If the date inserted in this block does not me iment's effective date on the Department of Sta	et the applicable st	atutory filing require	ments, this date will n	ot be listed
record specifies a delayed effective da ne 90th day after the record is filed.	te, but not an e	effective time, at	12:01 a.m. on th	ıe earlier
AUGUST 27	20)			
Signature of a ne	mbo or authorized r	epresentative of a mem	ber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00