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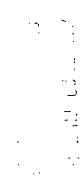
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## **COVER LETTER**

TO:

Division of Cor	porations		
SHRIFCT. CANIS	HKA'S PRUFESSI	IONAL SERVICES,	LLC
	Name of Lim	ited Liability Company	
Division of Corporations  **CUBJECT:**  **LANISHKA'S PROFESSIONAL SERVICES, LLC.**  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:**  **CANISHKA ALEXANDER.**  Name of Person  **CANISHKA ALEXANDER.**  Name of Person  **CANISHKA ALEXANDER.**  **PROFESSIONAL DERVICES, LLC.**  Firm/Company  **2013 BUCHAN AN BAY CIRCLE SUITE 104  Address:  **ORLANDO, FLA. 32 2 37  City/State and Zip Code  **CANISHKA BORNAL BORNAL COM**  **E-mail address: to be used for future annual report notification)**  For further information concerning this matter, please call:  **CANISHKA ALEXANDER.**  Name of Person  **Area Code Daytine Telephone Number**  **Enclosed is a check for the following amount:  **DS25.00 Filing Fee			
Please return all correspo	indence concerning this matter	to the following:	
	CANISHKA		
SUBJECT: CANISHKA'S PROFESSIONAL SERVICES LLC  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:  CANISHKA ALEXANDER  Name of Person  CANISHKA ALEXANDER  Name of Person  CANISHKA ALEXANDER  DEFINITION Of Person  CANISHKA BAY CIRCLE SUITE 104  Address  ORLANDO, FLA 32231  City/State and Zip Code  CANISHKA BAY CIRCLE SUITE 104  Address:  ORLANDO, FLA 32231  City/State and Zip Code  CANISHKA ALEXANDER  Name of Person  For further information concerning this matter, please call:  CANISHKA ALEXANDER  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certificate of Status  Certificate Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
		Firm/Company	
	2013 BUCHAR	NAN BAY CIRCLE .	SUITE 104
	ORLANDO	, FLA, 32839	
	E-mail address: (	to be used for future annual report no	tification)
For further information c			·
CANISHKA A	ILEXANDER	at (321) 274	1.2545
Name o	t Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy
-		-	
	•		•
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	• :
The Articles of Organization for this Limited Liability Company  Florida document numberL   9000247193	were filed on OCTOBER 1, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GOODZ 2 GO GLOBAL, LLC		
GOODZ 2 GO GLOZAL, LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	2013 BUCHANAN BAY CIR	CLE
Principal office address MUST BE A STREET ADDRESS)	SUITE 104	
	ORLANDO FLA. 32839	
Enter new mailing address, if applicable:	2013 BUCHANAN BAY CIRC	LE
Mailing address MAY BE A POST OFFICE BOX)		
	ORLANDO, FLA. 32336	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new regis
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	City	Zip Code

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>	Name	Address	Type of Action
MGR	DEZMOND POITIER	5764 SOUTH TEXAS AVENUE	<b>☑</b> Add
		ORLANDO, FLA. 32839	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove

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ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ote:	ive date, if other than the date of filing: SEPTEMBER 27, 2021 (optional) 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	)207 I as
ecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the

Signature of a member or authorized representative of a member