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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

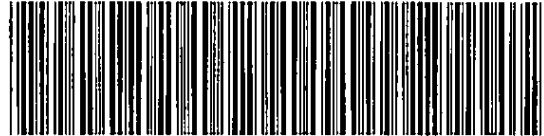
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

DEC 1 8 2019

T SCHROEDER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Goal Builders & Paving 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:

Emilia Pellini  
Name of Person

Goal Builders & Paving LLC  
Firm/Company

3801 Cristal Lake Dr. #405  
Address

Pompano Beach, FL 33064  
City/State and Zip Code

service@buildersgoal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emilia Pellini at (726) 281-3307  
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Goal Builders & Paving LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/07/19 and assigned  
Florida document number L19000250962

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1402 SW 150th AVE  
Miami, FL 33194

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1402 SW 150th AVE  
Miami, FL 33194

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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STATE OF FLORIDA  
TALLAHASSEE

**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>	<u>Address</u>	<u>Type of Action</u>
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AMBR Marcus Pellini 1402 SW 150th AVE ☒ Add  
Miami, FL 33194 ☐ Remove  
☐ Change

AMBL	Marcelo H. B. do Lago	3801 Crystal Lake	<input checked="" type="checkbox"/> Add
		Dr. Apt 102 Pompano Beach,	<input type="checkbox"/> Remove
		FL 33064	<input type="checkbox"/> Change

AMBL Paulo S. B. do Rego 3801 Crystal lake Dr. ☒ Add  
Apt 102 Pompano Beach, FL ☐ Remove  
33064

☐ Add ☐ Remove ☒ Change

☐ Add ☐ Remove

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[Remove](#)

Change

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(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 12, 2019

Signature of a member or authorized representative of a member

Emmylin Pellini MGR  
Typed or printed name of signee

**Filing Fee: \$25.00**

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