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COVER LETTER

Registration Section'
Division of Corporations

TO:

SUBJECT:	GONATIV	ENOW LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #1320		
	 	Address	,, , ,	
		Houston, TX 77046		
		City/State and Zip Code		
	info	@legalcorpsolutions.com	·	
		to be used for future annual report not	incation)	
For further information	concerning this matter, please c	all:		
Sonia E	Весегта	at (877)777-4	·	
Name	of Person	Area Code Daytin	ne 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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GONATIVENOW LLC

	w appears од our recor mpany)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company were filed Florida document numberL19000298490	d on01/11/2	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	n our records, <u>ente</u>	the name of the new regi
	n our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent: New Registered Office Address:		·
New Registered Office Address:	n our records, <u>enter</u> Enter Florida street addre	·

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 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
AMBR	CreeD Simikonis Big Mountain	2001 E SOUTHPORT ROAD	X Add
		KISSIMMEE, FL 34746	Remove
			□Change
			JAdd
			Remove
			□Change
			□Add
			TRemove
			Change
			□Add
			□ Remove
			□Change
			□ Add
		.	□Remove
			□Change
		.	□Add
			□Remove
			□ Change

lf amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)

- • •	
Effective date	if other than the date of filings
Note: If the date	if other than the date of filing:
e record specifies rd is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10-18 , 2023 .
X	Bay De Mate
,\ <u></u>	Signature of a member of authorized representative of a member
	Barry Big Mountain
	Barry Big Mountain Typed or printed name of signee