L200000 11295

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		į	

Office Use Only



500345415375

10 15.4 6- 15.01

06/09/20--01014--029 **60.00

0 0

JUN 24 2020

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
A. I. W. I. II		CK MOVING SERVICES, LI	CC.	
SUBJE	.CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please :	return all correspo	ndence concerning this matter	to the following:	
		MANUEL G GOMEZ		
			Name of Person	
		FAST	TRACK MOVING SERVICES, LL	C.
			Firm/Company	
13352 GLACIER NATIONAL DR 3401				
			Address	
ORLANDO, FL 32837				
			City/State and Zip Code	
			OMEZCRR@HOTMAIL.COM to be used for future annual report notif	(agillan)
For furt	her information e	oncerning this matter, please c		ication)
	JEL G GOMEZ	•	631 532-0709	
	Name o	f Person		: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Pit 7: 02

FAST TRACK MOVI	NG SERVICES, LLC.	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	.)
he Articles of Organization for this Limited Liability Compar	ny were filed on 01/06/2020	and assigned
forida document number L20000011295		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
1GO GROUP USA, LLC.		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		···
If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new regis
gent and/or the new registered office address here:		
Name of Name Davistance & Assert		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

2020 JUN -9 PM 7: 02

<u>Title</u>	<u>Name</u>	Address	2 111 1.05	Type of Action
			· · ·	🗆 Add
				□Remove
				🗆 Change
				🗆 Add
				□Remove
				Change
				□Add
			· <u>-</u>	□Remove
				Change
				□Add
				□Remove
				□ Change
				DAdd
				□Remove
				□Change
				□Add
				□Remove

D. If am	nending any other information, enter change(s)		
		2020 JUN - 9 F	7: 02
		· · ·	
		<u></u>	**
			<u> </u>
			
		· -	
			<u> </u>
		•	
E. Effect	tive date, if other than the date of filing:	·	(optional)
Note:	ffective date is listed, the date must be specific and cannot be : If the date inserted in this block does not meet the apment's effective date on the Department of State's reco	oplicable statutory filing requ	
If the recor	ord specifies a delayed effective date, but not an effecti filed.	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated	16/5/20-		
	x Affice Signature of a member or a	authorized representative of a m	ember
	The state of a member of	and the same of the same of the same	
	MANU	JEL G GOMEZ	

Filing Fee: \$25.00

Typed or printed name of signee