

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2020 JUL 29 AM 11:48

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2020 JUL 29 AM 8:31

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GO GREEN RESTORATION LLC

Certificate of Status	0
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JUL 30 2020

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COVER LETTER

H2000C

TO: **Registration Section**
Division of Corporations

SUBJECT: Alligator Insulation, 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:

Yaniv Abohzira

Name of Person

Alligator Insulation, LLC

Firm/Company

2521 NW 16th Ln

Address

Pompano Beach, FL 33064

City/State and Zip Code

info@alligatorinsulation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaniv Abohzira

818 2929904

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H200C

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Go Green Restoration, 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 07/09/2020 and assigned
Florida document number L20000185886.

This amendment is submitted to amend the following:

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

Alligator Insulation, LLC

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

Enter new principal offices address, if applicable:

2521 NW 16th Ln

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33064

Enter new mailing address, if applicable:

1425 SW 1st Ct STE 27

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach, FL 33069

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

_____, Florida
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yaniv Abohzira	1425 SW 1st Ct STE 27	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Haim Deletis	12520 SW 12 St	<input checked="" type="checkbox"/> Add
		Davie, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorize	Nathalie Waser	23509 Candlewood Way	<input type="checkbox"/> Add
		West Hills, CA 91307	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 07/10/2020 **(optional)**
(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 605.0:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/10/2020 _____,

yaniv abokzira
Signature of a member or authorized representative of a member

Yaniv Abohzira

Typed or printed name of signee