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COVER LETTER

Registration Section Division of Corporations

TO:

TO GO 1S'	T .LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BEATRIZ RUALES		
		Name of Person	
	TO GO 1ST,LLC		
		Firm/Company	
	9198 NW TH PL		
		Address	
	SUNRISE, FL 33351		
		City/State and Zip Code	
	Togo1stFL@gmail.com		
	E-mail address: (to be used for future annual report noti	lication)
For further information of	concerning this matter, please c	all:	
BEATRIZ RUALES		561 667-7926 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 : Division of C P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee c Street, Suite 810

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

TO GO IST.LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	<u>iny as it now appear</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Florida document number L20000201583	·	were filed on 071	The state of the s	
This amendment is submitted to amend the fo	llowing:		題を主	
A. If amending name, enter the new name	of the limited liab	oility company he		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		9198 NW 38TH PL SUNRISE, FL 33351		
(Principal office address MUST BE A STRE	ET ADDRESS)			
		SAME.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	ecords, enter the name of the new register	
Name of New Registered Agent:	BEATRIZ RUALES (AS A MANAGER)		AGER)	
New Registered Office Address:	9198 NW 38TF	H PL		
		Enter Flor	ida street address	
	SUNRISE		, Florida ³³³⁵¹	

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>	<u>Address</u>	Type of Action
MGR	BEATRIZ RUEALES	9198 NW 38TH PL SUNRISE, FL 33351	
			□Remove
			Change
			□Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior dock does not meet the applic	to date of filing or more than able statutory filing requi	(optional) 90 days after filing.) Pursuant to rements, this date will not be	o 605.0207 (I e listed as th
	ve date, but not an effective t	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
e record specifies a delayed effective is filed.				
rd is filed.	2020	·		
•	, 2020	<u> </u>		
rd is filed.	Q 1. Q1	Sorized representative of a mo	ember	_

Filing Fee: \$25.00