

To:

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2024-10-16 14:43:31 GMT

17865137810

From: Paloma Duarte

9/3/24, 10:24 AM

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Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20200000118

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOAWAKE SYSTEMS LLC**

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To:

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850-617-6381

2024-10-16 14:43:31 GMT
10/15/2024 10:38:02 AM PAGE 1/001 Fax Server

17865137810

From: Paloma Duarte



October 15, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOAWAKE SYSTEMS LLC
21301 POWERLINE ROAD
SUITE 207
BOCA RATON, FL 33433

SUBJECT: GOAWAKE SYSTEMS LLC
REF: L20000271467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The word in the name of the new company "Realstate", should this be "Realestate"?

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000298296
Letter Number: 124A00022720

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOAWAKE SYSTEMS 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 08/31/2020 and assigned
Florida document number L20000271467.

This amendment is submitted to amend the following:

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

GOAWAKE REALESTATE LLC

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**)

330 SE 20th Ave APT 321

Deerfield Beach, FL 33441

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

330 SE 20th Ave APT 321

Deerfield Beach, FL 33441

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

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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	RIBEIRO, ANDRE S	330 SE 20th Ave APT 321	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACIEL, FERNANDO T	330 SE 20th Ave APT 321	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOTZ, PAULO R	330 SE 20th Ave APT 321	<input type="checkbox"/> Add
		Deerfield Beach, FL 33441	<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

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