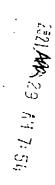
121000068606

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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SNOWWIS O

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/28/2021		**WALK IN**
ENTITY NAME GOEMO	N LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	Priks.LK TAT
PI	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so i	nuch!

COVER LETTER

TO:

	tration Se ion of Cor			
	Joemon Ll	.C		
SUBJECT: _		Name of Lin	ited Liability Company	
The enclosed /	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Kelsey Polasek		
			Name of Person	
		ZenBusiness PBC		
			Name of Person Firm Company ones Drive STE 5000 Address exas, 78731 City/State and Zip Code @zenbusiness.com E-mail address: (to be used for future annual report notification) matter, please call: at (
		5900 Balcones Drive STE	5000	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
For further info	ormation co	to-mail address: (·	notification)
Kelsey Polasel	k c/o ZenB	usiness PBC		•
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 File	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		Street Address	
-		orporations	Registration Division of C	
P.O.	Box 6327	7	The Centre o	f Tallahassee
Talla	hassee, F	L 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2321 ADG29 AM 7:56

Goemon LLC	,	· · /· J¥
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>2/9/2021</u>	and assigned
Torida document number L21000068606		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	222 U.S. Highway One 208M/206, Teo	questa, FL 33469
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	222 U.S. Highway One 208M/206, Tec	questa, FL 33469
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		•
	, Florida	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:

<u>Title</u>	Name	Address 221 APR29 11 7: 54	Type of Action
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			□Remove
			□Change
			As (1 As to
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ffortion data if other thought as		,	
an effective date is listed, the date m	ne date of filing:	e of filing or more than 90 days after f	iling.) Pursuant to 605 020
<u>Sote:</u> If the date inserted in this locument's effective date on the locument.	block does not meet the applicable s	statutory filing requirements, this	date will not be listed as
ocument serrective date on the	Department of State's records.		
and the same of the same of		12.01	
record specifies a delayed effect	ive date, but not an effective time, a	ii 14:01 a.m. on the earlier of: (b)	The 90th day after the
rated April 28	2021		
<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
/s/ John Motes			
	Signature of a member or authorized	representative of a member	
			•