## 121000108369

| (Requestor's Name)                      |        |
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| (City/State/Zip/Phone #)                |        |
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| (Business Entity Name)                  |        |
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## **COVER LETTER**

| TO: Registration S Division of Co                             |  | -   |  |
|---|--|---|--|
| Godinez C   | iroup LLC.                                   |   | •  |
| 30BJEC/1.,  | Name of Lim                                  | nited Liability Company   | <del></del>  |
| The englosed Artiples o                                       | f Amandment and foo(s) are sub               | amitted for filing  |  |
|   | f Amendment and fee(s) are sub               |   |  |
| riease return ait corresp                                     | ondence concerning this matter               | to the following.   |  |
|   | JULIO GODINEZ                                |   |  |
|   | · · · · · · · · · · · · · · · · · · ·        | Name of Person  | <del></del>  |
|   | GODINEZ GROUP LLC.                           |   |  |
| GODINEZ GROUP LLC.  Firm/Company  15615 NW 141st St.  Address |  |   |  |
| 15615 NW 141st St.  |  |   |  |
|   |  | Address   | · <del></del>  |
|   | Alachua, FL 32615                            |   |  |
|   |  | City/State and Zip Code   |  |
|   | godinezhjulio@yahoo.com                      | to be used for future annual report notifi                          | entioni  |
| For further information                                       | concerning this matter, please c             |   | curvii)  |
|   | concerning this matter, please c             |   |  |
| Julio Godinez   |  | 813 380-2730<br>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) |
| <u>Mailing Addre</u><br>Registration                          |  | Street Address:<br>Registration Sect                                | tion   |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Godinez Group LLC.  |  |  |  |
|---|--|--|--|
| (Name of the Lin  | ited Liability Com<br>(A Florida Limited | pany as it now appears (d Liability Company) | n our records.)  |
| The Articles of Organization for this Limited Florida document number L21000108369  | Liability Compan                         | by were filed on $\frac{3.5.2}{}$            | and assigned   |
| This amendment is submitted to amend the fo   | llowing:                                 |  |  |
| A. If amending name, enter the new name   | of the limited lia                       | ibility company here                         | ;  |
| N/A   |  |  | <b>2021</b>  |
| The new name must be distinguishable and contain the  | words "Limited Lia                       | bility Company," the desi                    | gnation "LLC" or the abbreviation "L.L.C"                                    |
| Enter new principal offices address, if appl  | icable:                                  | N/A  | 是一直。<br>第二章 第二   |
| (Principal office address MUST BE A STRE  |  |  | <u> </u>   |
| Timeput office dualess MOST INC A STRE  | <u>LI MIDILLOS</u>                       |  |  |
|   |  |  |  |
|   |  | N/A  | 02   |
| Enter new mailing address, if applicable:   |  | -  |  |
| <u>(Mailing address MAY BE A POST OFFICI</u>  | E BOX)                                   |  |  |
|   |  |  |  |
| B. If amending the registered agent and/or<br>agent and/or the new registered office addr   |  |  | ords, <u>enter the name of the new register</u>                              |
| Name of New Registered Agent:   | Julio Clodinez                           | :<br>  |  |
| New Registered Office Address:  | 15615 NW 14                              | 1st St.                                      |  |
|   |  | Enter Florida                                | i street address   |
|   | Alachua                                  |  | Florida <sup>32615</sup>   |
|   |  | City   | Zip Code   |
| New Registered Agent's Signature, if changing   | Registered Agen                          | <u>t:</u>                                    |  |
| I hereby accept the appointment as register<br>provisions of all statutes relative to the pro-<br>accept the obligations of my position as reg<br>being filed to merely reflect a change in the | per and complet<br>gistered agent as     | te performance of m<br>s provided for in Ch  | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |

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>   | Address                              | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| MGR          | Maria Perkins |                                      | □Add           |
|              |               | 15615 nw 141st St. Alachua, FL 32615 | Remove         |
|              |               |                                      | □Change        |
|              |               |                                      | □Add           |
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| Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the | must be specific at<br>s block does not | nd cannot be prior to<br>meet the applica | to date of filing or rible statutory filin | opti<br>nore than 90 days after<br>ng requirements, thi | tiling.) Pursua   | nt to 605.0207 (<br>t he fisted as t |
| e record specifies a delayed efferd is filed.   | ctive date, but no                      | ot an effective tir                       | ne, at 12:01 a.m.                          | on the earlier of: (b                                   | ) The 90th d      | lay after the                        |
| Dated 5.521   | 000                                     | 12:01 a.m.                                |  |   |                   |                                      |
| <u> </u>  | Signature of a                          | i member or autho                         | rized representative                       | of a member   |                   |                                      |
|   |   |   |  |   |                   |                                      |

Filing Fee: \$25.00