# L21000143126

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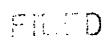


## **COVER LETTER**

TO: Registration Se Division of Cor				
Cforth, LLC				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Chuck McMurry			
	- Inches	Name of Person		
	Cforth, LLC			
		Firm/Company		
	3750 Grove Park Drive			
		Address		
	Tallahassee, FL 32311-3615			
		City/State and Zip Code		
	Accounting@Cforth.com			
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	nfication)	
Greg Schantz		678 878-6200		
Name o	of Person	at () Area Code Daytii	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 633		The Centre of		
Tallahassee,	<u> とし 32314</u>	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR -8 AH 11: 11

Cforth, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	SEURETARY IN TALLAHASSEE, F
The Articles of Organization for this Limited Liab	pility Company were filed on March 26, 2021	and assigned
Florida document number L21000143126		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
StoplightGO, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	· · · · · · · · · · · · · · · · · · ·	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
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			□Remove
			□ Change
			□Add
			[JRemove
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Effective date, if other than the (if an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet th	ie applicable stat	filing or more than utory filing requir	(optional) 90 days after filing.) Pe ements, this date wil	rsuant to 605,0207 (. I not be listed as tl
the record specifies a delayed The 90th day after the reco		but not an ef	fective time, a	t 12:01 a.m. on	the earlier of:
Dated March 3	202				
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,	Signatore of Vmembe	roi sedurize) rep	resentative of a mer	nber	
Mark Seyforth					

Page 3 of 3

Filing Fee: \$25.00