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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	tion Section of Corporations	
SUDJECT.	GOGOS MA.	NAGEMENT LLC ne of Limited Liability Company
30bjec1	Nam	ne of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s)	) are submitted for filing.
Please return all co	orrespondence concerning this	s matter to the following:
		•
		Joseph Bovins
		Name of Person
	(So	WIND LAD Group P.A.
		Firm/Company
	5241	BRISATA CIR Apt E
		Address \
	Boynt	City/State and Zip Code
	E-maN-	aldress: (to be used for future annual report notification)
For further inform	ation concerning this matter,	•
	1 321110	212 125 0622
7016	Arme of Person	at (310) Y25-9933  Area Code Daytime Telephone Number
,	regule of reison	Alea Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee S30.00 Filing Fe	
<u>Mailing /</u> Registrs	Address: ation Section	Street Address: Registration Section
_	n of Corporations	Division of Corporations
P.O. Bo	-	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOGOS MANAGEMENÍ	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>/ as it now appears on our records.</u> ) ibility Company)
The Articles of Organization for this Limited Liability Company we Florida document number \( \bigcup 2 \tau 00 \tau 73 \) \( \bar{896} \).  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability.	were filed on $03/29/202$ and assigned
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8339 NW 54th St.
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	
Name of New Registered Agent:	202
New Registered Office Address:	DEC .
Trow Registered Office Fidures.	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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
	<del></del>		□Add
			□Remove
			□Add
			□ Remove
			□Change
	<del></del>		□Add
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			□Change

ffective da	ate, if other than the date of filing: (optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>lote:</u> If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's	effective date on the Department of State's records.
record spec Lis filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
. 15 med.	
etad	Naceular 15 2021
ateu	December 15 . 2021.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	Signature of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member    Sovino   Typed or printed name of signee

Filing Fee: \$25.00