L21000377180

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Godavut LLC			
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			-
	 		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
0.6			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Number	Date	THUC	UCC 1! Retrieval
Walk-In Thomssville GA 8/00	Will Pick Up	·	Courier

COVER LETTER

	Registration Sec Division of Corp			
or in me.c	•	LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
		• •		
		Eric J. Grabois, Esq.		
			Name of Person	
		Eric J. Grabois P.L.		
			Firm/Company	
	BJECT: GODAVUT LLC Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Eric J. Grabois, Esq. Name of Person Eric J. Grabois P.L.			
			Address	
		N. Bay Village, Fl 33141		
			City/State and Zip Code	Daytime Telephone Number 24. \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Address: cration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
			to be used for future annual report notif	lication)
For furthe	er information c			,
Eric J. G	rabois P.L.			
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	he following amount:		
≌ \$25.6	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration 5 Division of C P.O. Box 632	Section Corporations 27	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GODAVUT LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company	were filed on August 23, 2021	and assigned
Florida document number L21000377180		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2012
Principal office address MUST BE A STREET ADDRESS)		87
		ω ri
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX		0
Multing address MAT BE A TOST OFFICE BOXY		. 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	, Floric	Ia Zip Code
	V7	2.7

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sharon Escobar	1450 Brickell Bay Dr., #310	□Add
		Miami, Fl 33131	Remove
			Change
			□Add
			□Remove
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depart	specific and cannot be prior does not meet the appli	cable statutory filing re	(optional) than 90 days after filing.) quirements, this date w	Pursuant to 605.020 rill not be listed a
record specifies a delayed effective da l is filed.	ate, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after th
September 10	, 2021	$ \int_{\Lambda}$		
		11 / / !		
Sig	mature of a member or aut	horized representative of a	nember	

Filing Fee: \$25.00