

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210004205173))



H210004205173ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIGO AND COMPANY
Account Number : 120130000070
Phone : (305) 443-4280
Fax Number : (305) 446-6175

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ATRIGO@TRIGOTAX.COM

2021 NOV 15 AM 10:15

CALL ANA SEC. FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOS SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

CALL ANA SEC. FLORIDA

2021 NOV 15 AM 8:42

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000420517

GOS SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 5, 2021 and assigned
Florida document number L21000435624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14505 SW 43RD TERRACE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33175

Enter new mailing address, if applicable:

14505 SW 43RD TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33175

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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

H210004205173

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

H 210004205173

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

H 210004205173

H210004205173

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A large, handwritten 'X' mark is drawn on a sheet of white paper with horizontal blue lines. The 'X' is formed by two intersecting diagonal lines. The lines are drawn in a dark blue or black ink. The intersection of the lines is located in the center of the page. The lines extend from the top-left and bottom-right corners towards the center, and from the top-right and bottom-left corners towards the center. The lines are slightly curved, giving the 'X' a hand-drawn appearance.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 13, 2021

Sasha Stone

Signature of a member or authorized representative of a member

SASHA STONE

Typed or printed name of signee

FILED
29 NOV 15 AM 8:42
The 90th day after the
U.S. DIST. COURT, FLORIDA

H210004205173