

L220000087198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

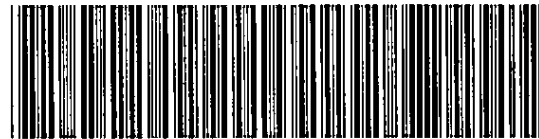
(Document Number)

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22 AUG 10 AM 10:40  
DIVISION OF STATE  
CORPORATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: God Forever, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo A. Garzon

Name of Person

Garzon Consultants, LLC

Firm/Company

1600 Ponce De Leon Blvd. 10 Floor # 41

Address

Coral Gables, FL 33134

City/State and Zip Code

ricardo@garzonconsultants.com

E-mail address: (to be used for future annual report notification)

22 AUG 10 AM 10:40  
STATE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Ricardo A. Garzon

Name of Person

at ( 305 ) 299-5127

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

God Forever, 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 02.23.2022 and assigned Florida document number L22000087198.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

2591 E. Saratoga Drive

Hollywood, FL 33026

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2591 E. Saratoga Drive

Hollywood, FL 33026

**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**

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>	<u>Address</u>	<u>Type of Action</u>
<u>AMGR</u>	<u>Javier J. Santelices Gil</u>	<u>1825 Ponce De Leon Blvd. #682</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMGR</u>	<u>Javier F. Santelices Columba</u>	<u>1825 Ponce De Leon Blvd. #682</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMGR</u>	<u>Jorge R. Santelices Columba</u>	<u>1825 Ponce De Leon Blvd. #682</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMGR</u>	<u>Ingrid M. Santelices Columba</u>	<u>1825 Ponce De Leon Blvd. #682</u>	<input type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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SECTION OF CORPORATION

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

The Entity has obtained an Employer Identification Number, please be so kind  
to update the records. EIN: 32-0681256

22 AUG 10 AM 10:40  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

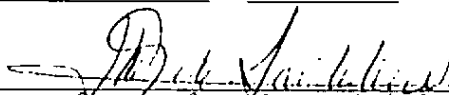
**E. Effective date, if other than the date of filing:** August 1st, 2022 **(optional)**

(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 August 1 st, 2022



Signature of a member or authorized representative of a member