# L 22000 103308

	(Requestor's Name)
<del></del>	(Address)
	,
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	<del></del>
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Certified Copies	
Special Instructions to	Filing Officer:

Office Use Only



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### **COVER LETTER**

# TO: Registration Section **Division of Corporations**

SUBJECT: goHere 3	OA ELC			
	Name of Limi	ted Liability Company		
The enclosed Articles (	of Amendment and fee(s) are subr	nitted for filing.		
Please return all corres	pondence concerning this matter t	o the following:		
	Johnny Reid			
		Name of Person		
	goHere			
		Firm/Company		
	849 N Walton Lakeshore D	r		
		Address		
	Inlet Beach, FL 32461			
	City/State and Zip Code			
	jreid@gohere.tech			
		o be used for future annual report notif	ication)	
For further information	n concerning this matter, please ca	JI:		
Ben McLeod		850 624 4564 at ()		
Name	e of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	r the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

goHere 30A LLC		
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)	
he Articles of Organization for this Limited Lia	bility Company were filed on 03/14/2022	and assigned
lorida document number L22000103308		
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	·
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered office address	gistered office address on our records, <u>enter the</u> <u>here</u> :	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
<del>-</del>	Enter Florida street address	
	, Florid	
	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

Title	<u>Name</u>	Address	Type of Action
MGR Walton Stinson	Walton Stinson	428 Crockett Ave	<b>=</b> Add
		Philadelphia, MS 39350	□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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an cfl lote:	(optional) (cetive date, if other than the date of filing:
recor	d 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 led.
ated	03/15/2022
	$R \sim 1 - 1$
	Signature of a member or authorized representative of a member