## L22000105406

(Requestor's Name)	
(Address)	
(A.I.()	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	. •
KIRREIN	
133 1 Role 2	

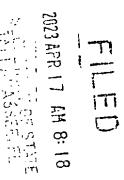




300396640473

11/15/22--01024--017 \*\*25.00

4/19/23 V.UU.





February 3, 2023

JHUAKEEN PATTERSON 1616 SUNNYBROOK LANE D-102 PALM BAY, FL 32905 US

SUBJECT: CHOICE ONE EXPEDITORS LLC

Ref. Number: L22000105406

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

ACCIVED ACCIT 2023

Letter Number: 923A00002691

## **COVER LETTER**

Division of Cor		•	
suвјест: <u>Сро</u>	ice One expec Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thuakeen P	Attecson Name of Person	
		Firm/Company	
	1616 Sunn y brook	K Lave D-lod Palmb Address	A1,FL32405
	Palm bay, FL 3	City/State and Zip Code  Fl. 9 mail. Com to be used for future annual report notif	
	Goal ventures E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Jhuakeen Name o	Patter Son of Person	at (321) 989-U Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>22000105406</u> .	were filed on March 1 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile of the limited liabile of the limited liabile and contain the words "Limited Liabile and contain the words "Limited Liabile".	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 17 AH 8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer vioriaa sireet aaaress
<del>-</del>	, Florida

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>	Address	Type of Action
		——————————————————————————————————————	□ Add
			□ Remove
			Change
			□Add
	<del></del>	□Remove	
	· · · · · · · · · · · · · · · · · · ·	[]Change	
			□Add
		□Remove	
		□Change	
			□Add
		Remove	
		□Change	
		□Remove	
		□Add	
		□Remove	
			□Change

(	
_	GOOL Ventures LLC EIN number
_	(88-423 2575)
-	Goal ventures LLC email
_	(Goal ventures - FL gmail. Com
_	
-	
_	
-	
_	
_	
_	<u> </u>
_	
(If an effi Note:	ve date, if other than the date of filing:
f the record	I 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 ed.
Dated .	3/25/2023 2013  Hitter  Signature of a member or authorized representative of a member  Thurkeln (Attessor)  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	The second of a memory of a memory of a memory
	VIIVAVELII ([A ] [C) SO/]  Typed or printed name of signee