

L22000139666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

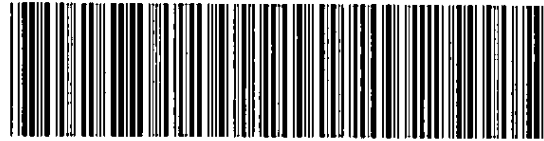
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900393179479

RECEIVED
2022 AUG 22 PM 3:59
TALLAHASSEE, FLORIDA

FILED
2022 AUG 24 AM 8:49
CLERK OF COURT
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160: \$55.00

Authorization Signature: _____

GOICOPRO, LLC L22000139666

James Fuller

Business Name

Document #

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

X Certified Copy of Articles of Organization

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

AMMENDMENTS

X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

___ Articles of Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL ()

Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOICOPRO, 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:

Jonathan N. David, Esq.

Name of Person

Law Office of Jonathan N. David, Esq., P.A.

Firm/Company

9500 S. Dadeland Blvd., Suite 600

Address

Miami, FL 33156

City/State and Zip Code

jdavid@southmiamilegal.com

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

For further information concerning this matter, please call:

Jonathan N. David, Esq.

Name of Person

at (305) 665-9895

Area Code

Daytime Telephone Number

Enclosed is a check for 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: GOICOPRO LLC
Ref. Number: L22000139666

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

The name you are Amending GOICOPROP LLC is not available.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 122A00018740

RECEIVED

2022 AUG 24 PM 3:34

FLORIDA DEPARTMENT OF STATE

The Law Office of
Jonathan N. David, Esq., P.A.
9500 South Dadeland Boulevard, Suite 600
Miami, FL 33156
Tel: (305) 665-9895
Fax: (866) 936-4064
e-mail: j david@southmiamilegal.com

August 24th, 2022

VIA HAND-DELIVERY TO:
Division of Corporations, Fla. Dept. of State

Re: Statement of Authorization from agent of Goicoprop Inc. to allow/approve of Goicopro,
LLC to change its name to Goicoprop LLC

Dear Sir or Madam:

The undersigned is the incorporator of both entities:


GOICOPRO, LLC and
GOICOPROP, INC.

I have just *dissolved* GOICOPROP, INC. online (see receipt attached), and in the notes thereto, I
have stated that I release the name for the purposes stated below:

I submitted an Amendment (to change the name of GOICOPRO LLC to GOICOPROP, LLC –
adding the final “P”) which was rejected due to the identity of name *to that corporation of that
same name also established by the undersigned*. I hereby authorize the use of the name
GOICPPROP for the LLC.

I thank you for your assistance in this matter. Please do not hesitate to contact me with any
questions or comments. Thank you.

Sincerely,


Jonathan N. David
Fla. Bar No. 906816

FILED

2022 AUG 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FL

TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This is an amendment of the LLC name only, correcting a clerical error, so that name reads

Goicoprop LLC, rather than Goicopro LLC.

2022 AUG 24 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

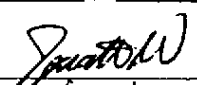
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 August 22, 2022



Signature of a member or authorized representative of a member

Jonathan N. David, Esq.

Typed or printed name of signee