

L230000094967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

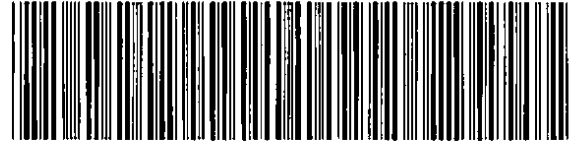
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300414466983

09/01/23--01010--005 \*\*25.00

FILED  
2023 SEP -1 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MYGO2AGENT 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:

TAMARRA BERNARD & JAHVELL BERNARD

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14683 BRUNSWOOD WAY

\_\_\_\_\_  
Address

ORLANDO FL 32824

\_\_\_\_\_  
City/State and Zip Code

MYGO2AGENT007@GMAIL.COM

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

For further information concerning this matter, please call:

TAMARRA BERNARD

\_\_\_\_\_  
Name of Person

954

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

3972762

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 SEP -1 AM 10:03

FILED

MYGO2AGENT LLC

Lance Bevard  
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>
AMBR	TAMARRA BERNARD	14683 BRUNSWOOD WAY	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAHVELL BERNARD	14683 BRUNSWOOD WAY	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32824	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TAMARRA MAURICE	PO BOX 6134	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33310	<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

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 SEP - 1 AM 10:03  
FILED

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

I am recently married and need to add my husband Jahvell Bernard as a owner. Also I am in need of changing my name from Tamarra Maurice to Tamarra Bernard. I will attach certificate. Lastly I needed to update my address information. Thank you in advance !

I have also attached My EIN number #92-2798114

2023 SEP -1 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

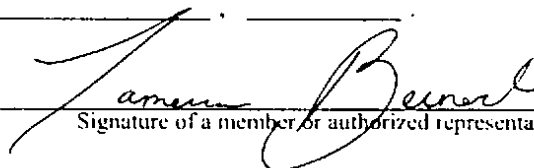
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 25, 2023



Signature of a member or authorized representative of a member

TAMARRA BERNARD

Typed or printed name of signee