

L23000230816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

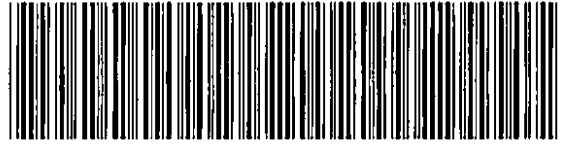
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOAP 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:

Ross D. Kulberg

Name of Person

KRINZMAN HUSS LUBETSKY FELDMAN & HOTTE

Firm/Company

169 E. Flagler Street Suite 500

Address

Miami, FL 33131

City/State and Zip Code

RDK@KHLAW.COM

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

2001 JUN 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Ross D. Kulberg

305 854-9700

at (_____) _____

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GOAP 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 05/10/2023 and assigned
Florida document number L23000230816.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMBER IN AMERICA LLC

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)

C/O KRINZMAN HUSS LUBETSKY FELDMAN & HOTTE

169 E. Flagler Street Ste. 500

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O KRINZMAN HUSS LUBETSKY FELDMAN & HOTTE

169 E. Flagler Street Ste. 500

Miami, FL 33131

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:

KRINZMAN HUSS LUBETSKY FELDMAN & HOTTE

New Registered Office Address:

169 E. Flagler Street Ste. 500

Enter Florida street address

Miami

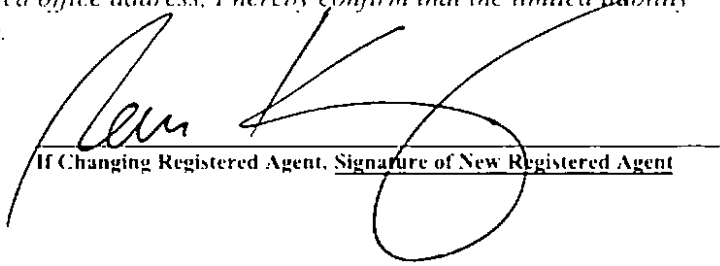
City

Florida 33131

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECURITY
1011
JAN 22
2:30 PM
2021

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

SECRET//NOFORN
ALT//NOFORN

2008 JAN 22 PM 2:40
SECRET//NOFORN
JATT/NOFORN

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 January 3rd 2024

—Designed by.

Amber Peacock

-70A757EA27DC4B5

Signature of a member or authorized representative of a member

Amber Peacock

Typed or printed name of signee

Filing Fee: \$25.00