

L23000529S41

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

(Business Entity Name)

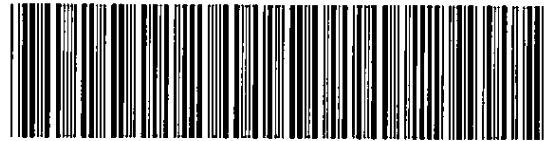
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600423690296

DATE OF DEATH: 1971-05-25

RECEIVED
22
2024 FEB 22 AM 9:40
FILED
2024 FEB 22 AM 9:51
TALLAHASSEE, FLORIDA
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Am

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

GO2 Auto 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:

Nedra Hensley

Name of Person

GO2 Auto LLC

Firm/Company

4355 N. Augustine Rd. Unit 13

Address

Jacksonville FL 32202

City/State and Zip Code

GO2AutoLLC@gmail.com

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

For further information concerning this matter, please call:

Nedra Hensley

Name of Person

at (904)

Area Code

234-2512

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

GO2 AUTO LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 FEB 22 AM 9:51

The Articles of Organization for this Limited Liability Company were filed on 11-28-22 and assigned
Florida document number 1-23600527841.

This amendment is submitted to amend the following:

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

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)

4323 Independence Blvd Unit 3
Jacksonville FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 47003
Jacksonville FL 32247

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:

New Registered Office Address:

Enter Florida street address

Florida

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

[illegible]

[illegible]

(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)

Dated 28.12.2019 at Chennai

Neel van Arentshuis

Typed or printed name of signee