

L24000206742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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MAIL

(Business Entity Name)

(Document Number)

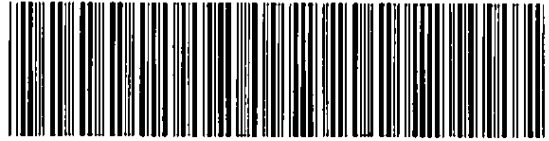
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FILED
2024 JUN 15 AM 11:43
STOCK EXCHANGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOCAS 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:

JAVIER D RODRIGUEZ GAMARRA

Name of Person

Firm/Company

1111 BRICKELL AVENUE 10TH FLOOR SUITE 53

Address

MIAMI, FL 33131

City/State and Zip Code

CELMY@BUSINESSINTEGRATEDSERVICES.COM

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

For further information concerning this matter, please call:

CELMIRA GALLEGU

Name of Person

954
at ()
Area Code

628-6590

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

FILED
2024 JUN 15 AM 11:43
SECRETARY OF STATE

GOCAS 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 05/02/2024 and assigned
Florida document number L24000206742.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (Changing just the address)

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:

1111 BRICKELL AVENUE 10TH FLOOR SUITE 53

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

1111 BRICKELL AVENUE 10TH FLOOR SUITE

(Mailing address MAY BE A POST OFFICE BOX)

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:

LYOWN INTERNATIONAL LLC

New Registered Office Address:

1111 BRICKELL AVENUE 10TH FLOOR SUITE 53

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.

Javier Rodriguez
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	Nicolas D Gomez Castellanos	2222 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		SUITE 5-113	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33134	<input type="checkbox"/> Change
AMBR	JORGE E CASTRO FAJARDO	1111 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		10TH FLOOR SUITE 53	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated JUNE 12, 2024

Nicolas Gomez C.
Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00