L24000324912

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08/15/24--01018--007 **25.00

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GOGO GOUP Name of Lin	met Bugers mited Liability Company	<u>></u>
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Name of Person	
	<u> </u>	Carmet Bu	lers
		Firm/Company	
	4603	Bayshore DR F	: 1
		Address	
	Naple	?S FL: 34112	
		City/State and Zip Code	-
	E-mail address:	(to be used for future annual report not	fication)
For further information of	concerning this matter, please c	:all:	
		at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
12 \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55 00 Pili P 6.	□ 640.00 EW F
to \$25.00 Fining 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 Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

6060	Carmet Burgers
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Acords.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L240032</u> 4	ompany were filed on $07/22/24$ and assigned $9/2$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u>ESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. It amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	zap wate

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

Title	<u>Name</u>	Address	Type of Action
HUHER -	Rojas Maykol	4603 Bayshove DRI Naples Fl. 34112	√ 1 M∧dd
		Nacples FC. 34112	GRemove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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			□Change
			🖸 Add
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			□Change
			🗆 Add
			□ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne recor ord is fi	d 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 ed.
Dated	Maushal Masos
	Signature of a member or authorize representative of a member
	Typed or processing of signee

Filing Fee: \$25.00