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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

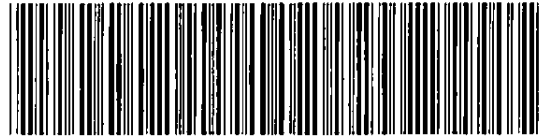
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
CLERK OF THE COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GO IN HEALTH USA, 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:

Jetzeny Zherezada Gonzalez Infantino

Name of Person

Go in Health USA, LLC

Firm/Company

3340 Dandolo Cir

Address

Cape Coral, FL 33909

City/State and Zip Code

info@antoniocoa.com

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

For further information concerning this matter, please call:

Antonio Coa, CPA

561 814-4558

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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>
MGR	Jetzeny Z. Gonzalez Infantino	1292 Salisbury Dr, Winter Haven, FL 33881	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jetzeny Z. Gonzalez Infantino	3340 Dandolo Cir, Cape Coral, FL 33909	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 26th August, 2024

Typed or printed name of signee

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Filing Fee: \$25.00