

L24000342846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

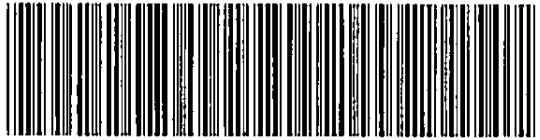
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GO2U OIL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Carlos Espinosa Jr.
Name of Person

GO2U OIL LLC
Firm/Company

17370 SW 298 ST
Address

Hialestead FL 33030
City, State and Zip Code

espino - c @ bellsouth.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Carlos Espinosa at (305) 870 9665
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☐ \$50.00 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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TALLAHASSEE, FL
DEC 26 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GO2U OIL, LLC

(Name of the Limited Liability Company as it now appears on our records,
if a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/5/24 and assigned
Florida document number L24000342846

This amendment is submitted to amend the following:

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

GO2U Services, 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)

17370 SW 298 ST

Homestead, FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

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

1. 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 601.020(c)(4)(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

12/26/24

Signature of a member or authorized representative of a member

Carlos Espinoza

Typed or printed name of signee

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-08-2007 BY 60320 UCBAW

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SEAL OF THE STATE OF TEXAS
TALLAHASSEE FL

THE 90TH DAY OF JANUARY

Filing Fee: \$25.00