## 908000009109

(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: Received Back 7-28-25				

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July 10, 2025

GO FIGGERS, INC. P.O. BOX 2371 FORT MYERS, FL 33902 US

SUBJECT: GO FIGGERS, INC. Ref. Number: P08000009109

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Florida Profit Corporation for Benefit or Special Purposes amendment, but your entity is a Florida Profit Corporation amendment. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 725A00014937

Mary C Malone Amendment Section

www.sunbiz.org

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Go Figgers, Inc. P08000009109 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: oby A. Figgers
Name of Contact Person For further information concerning this matter, please call: Libby A. Figgers
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: Octilinate of Status previously paid S35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

TO: Amendment Section

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL-32303

## Articles of Amendment to Articles of Incorporation of

Go Figgers, Inc.		
(Name of Corporation as current	ly filed with the Florida I	Dept. of State)
<u> P08000009109</u>		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
MA		The new
name must be dislinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", " "chartered," "professional association," or the abbreviation "P.A."	A professional corporatio	
B. Enter new principal office address, if applicable:	NIA .	
(Principal office address MUST BE A STREET ADDRESS )		<del></del>
	P	
	······································	
C. Enter new mailing address, if applicable:	<b>A</b> II A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		name of the
Name of New Registered Agent   Name of New Registered Agent		
Name of New Negliterett Agent		
(Florida st	reet address)	
	·	, Florida
New Registered Office Address:	(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accent the obliga	itions of the position.
Thereby accept the appointment as registered agent. Tum jumina	and decept the total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<del></del>	
Signature of New 1	Registered Agent, if change	ing
Check if applicable	\	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), r.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	Y	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<u>C</u>	_	<u>Cristian S. Javier</u>	2001 Crawford Ave. M
X Add				Lehigh Acres, FL 3397
Remove				1
2) Change		<u> </u>		1
Add				
Remove 3) Remove		_		-
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Much additional sheets, if necessary). (Be specific)	
	;
•	
	<del></del>
	•
	t
f an amendment provides for an exchange, reclassification, or c	ancellation of issued shares,
provisions for implementing the amendment if not contained in	the amendment itself:
(if not applicable, indicate N/A)	l
	<u></u>

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable status of State's records.	fory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by taction was not required.	the incorporators, or board of di	rectors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for		t'votes cast, for the amendment(s)
The amendment(s) was/were approved by must be separately provided for each vot		
"The number of votes cast for the ar	mendment(s) was/were sufficier	nt for approval
by		
(	(voting group)	
Dated 071281 Signature &	25 Ly a. Liggori	•
selected, by an i	resident or other or yer – if dire incorporator – if in the hands of iary by that fiduciary)	a receiver, trustee, or other court
	Typed or printed name of po	erson signing)
	(Title of person signing)	