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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

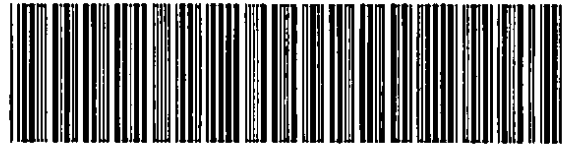
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2021 DEC -3 AM 9:41
SECRETARY OF STATE
STATE OF MISSISSIPPI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

By George 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:

Nicolle McGaughey
Name of Person

By George LLC
Firm/Company

29675 N. North Valley Pkwy # 3062
Address

Phoenix, AZ 85085
City/State and Zip Code

thatnicolle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicolle McGaughey at (480) 277-5944
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

By George, 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 4/15/21 and assigned Florida document number L04000002263.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

29675 N. North Valley ^{NW} ~~PK~~ PK
#3062
Phoenix, AZ 85085

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:

Nicolle McGaughey

New Registered Office Address:

Enter Florida street address

Florida

City

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.

Nicolle McGaughey

If Changing Registered Agent, Signature of New Registered Agent

2021 DEC -3 PM 9:14
OFFICE OF STATE

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

Multiple horizontal lines for amending information.

E. 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 605.0207 (3)(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 NOV 16, 2021

Nicolle McGaughey

Signature of a member or authorized representative of a member

Nicolle McGaughey

Typed or printed name of signee

**IN THE CIRCUIT COURT
FOR OKALOOSA COUNTY, FLORIDA**

PROBATE DIVISION

**IN RE:
ESTATE OF
GEORGE MARIA SCHNITTER
Deceased**

File No. 2021 CP 1465

**LETTERS OF ADMINISTRATION
(single personal representative)**

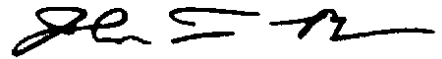
TO ALL WHOM IT MAY CONCERN

WHEREAS, George Maria Schnitter, a resident of Okaloosa County, Florida, died on August 31, 2021, owning assets in the State of Florida, and

WHEREAS, Nicolle M. McGaughey has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Nicolle M. McGaughey duly qualified under the laws of the State of Florida to act as personal representative of the estate of George Maria Schnitter, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE and ORDERED in Okaloosa County, Florida.



Assigned by CIRCUIT COURT JUDGE JOHN T. BROWN in 2021 CP 801485 F on 10/28/2021 11:18:27 AM BQ5KZ

Pursuant to Administrative Directive OCAD2016-04, in cases where one party is unrepresented (pro se), it is the responsibility of the attorney in the case to serve within five (5) business days, this order upon any pro se party who does not have access to nor is a registered user of the Florida Courts E-Filing Portal. The attorney shall prepare and file a Certificate of Compliance within five (5) business days as proof of the attorney's service upon the pro se litigant(s). In cases where both parties are pro se, the Clerk shall have the responsibility to serve copies of any orders on the pro se litigant(s), and shall file a Certificate of Compliance as proof of service within five (5) business days.

Unique Code : CAA-BAA-BCAUB-HCCDCBEF-CIDAGJ-F Page 1 of 1