L04000083636

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COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations		
257715 11	row.	PAGE HOLDINGS,	, LLC	
SUBJ	ECT:		ed Liability Company	
		mendment and fee(s) are subn		
Please	return an correspon	defice concerning and maner	.	
			GEORGE H. KNOTT, ES	50.
			KNOTT EBELINI HART Firm/Company	
		1625	5 HENDRY STREET, SUIT Address	E 301
			FORT MYERS, FL 3390 City/State and Zip Code	11
		BILL. J E-mail address: (t	JONES@PAGEMECH COM to be used for future annual report	notification)
For fi	urther information co	oncerning this matter, please ca	all:	
	GEORGE H Name of	. KNOTT, ESQ/	at (239) 33 Area Code Da	4-2722 sytime Telephone Number
Encle	osed is a check for th	ne following amount:		
	325.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of C Clifton Build 2661 Executi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAGE HOLDINGS (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company velocida document number <u>L04000083636</u> .	were filed on <u>NOVEMBER 17, 2004</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4611 CUMMINS COURT
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33905
	5 5
Enter new mailing address, if applicable:	4611 CUMMINS COURT
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33905
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the no
Name of New Registered Agent:	
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.

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>	Address	Type of Action
MGRM_	KEITH E. GARLOCK	10879 METRO PARKWAY FORT MYERS, FL 33912	□ Add
			Remove
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ective date, if other than the date of filing: 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.
te: If the date inserted in this block does not meet the applicable statutory ith	ng requirements, this date will not be liste
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
ed 9-25- 7018	
ed	
Signature of a member or authorized representati	

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Filing Fee: \$25.00