105000068201

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COVER LETTER

Division of Cor			
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500,300 r.	_ 		
	Amendment and fee(s) are subr		
Please return all correspo	ondence concerning this matter t	to the following:	
	Steve Page		
		Name of Person	
	Page Energy, LLC		
		Firm/Company	
	20001 Gulf Boulevard Suite 5		
		Address	
	Indian Shores, FL 33785		
	steve@pagefla.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ill:	
Steve Page		727 595-9667	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Page Energy, LLC			
(Name of the Limited I. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabilitorida document number 105000068201	ity Company were filed on 07/11/2005	and	lassigned
Torida document number	·		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here:		
age Development Group, LLC			
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation	ı"L.L.C."
Enter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET AI	· · · · · · · · · · · · · · · · · · ·		
			
			<u></u>
Enter new mailing address, if applicable:	·	_	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	Ω	#. Z	
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Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or r	egistered office address on our records, e		
Mailing address MAY BE A POST OFFICE BOX	egistered office address on our records, e	nter the na	ne of the r
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, e	nter the na	ne of the r
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or r	egistered office address on our records, e	nter the na	ne of the r
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:	egistered office address on our records, e	nter the na	ne of the r
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, e	nter the na	ne of the r
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:	egistered office address on our records, <u>e</u> address here:	nter the man	ne of the r

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

zi i cijioved	from our records:		
MGR = N $AMBR = A$	lanager uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2 2
Effec Kan e	ctive date, if other than the date of filing:
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
aocu.	ment's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
Th	e 90th day after the record is filed.
Date	6/21 2019
	Signature of a member or authorized representative of a member
	DIE AGE

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Filing Fee: \$25.00