## 106000005976

(Re	questor's Name)	
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
CUBIC		ouglas Gehman LLC		
SUBJE	.CI:	Name of Limi	ited Liability Company	
The enc	closed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all corre	spondence concerning this matter i	to the following:	
		James Douglas Gehman		
			Name of Person	
		James Douglas Gehman LI	c	
			Firm/Company	
		3256 Tallship Ln		
			Address	
		Pensacola FL 32526		
		douggehman@gmail.com	ication)	
For furt	her informatio	n concerning this matter, please ca	to be used for future annual report notif	Telli (A)
James I	Douglas Gehm	an	850 341-7188 at ()	
	Nan	te of Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check fo	or the following amount:		
\$25	5.00 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 Tallahassec. 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

James Douglas Gehman LLC		
( <u>Name of the Limited Liability Comr</u> (A Florida Limited	oany as it now appears on our records.)   Liability Company)	,
The Articles of Organization for this Limited Liability Compan	y were filed on 01/13/2006	and assigned
Florida document number 1006000005976		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liaf	wility Company," the designation "LLC" or the ab	breviation "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)		
	-CC address on our records outon	the name of the no
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		the name of the nev
		18 I
Name of New Registered Agent:		
New Registered Office Address:		28 F 02
•	Enter Florida street address	
	Florida	<b>5 7 5</b>
	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. Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## \*MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Beth Ann Gehman	3256 Tallship Ln Pensacola FL 325	Add
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an effective date is listed; the date must be lote: If the date inserted in this block	e specific and	cannot be prio	no to date of filing	gos more than 90 filing requires	days after filing.	).Pursuant to 60 will not be lis	5.0200 teď a s
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James Douglas Gehman							

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Filing Fee: \$25.00