## 106000016644

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

	gistration Sec vision of Corp			
SHD IFCT.	N.G.S., L.L.			
SUBJECT: Name of Limited Liability Company				
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Mary A. Fischer		
			Name of Person	
		Law Office of Ronald S. V	Vebster	
		<del></del>	Firm/Company	
		800 N. Collier Blvd. #203		
			Address	
		Marco Island, FL 34145		
			City/State and Zip Code	
		mary@ronwebster.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further i	information co	ncerning this matter, please ca	all:	
Mary Fisch	er		239 394-8999 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for the	e 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

N.G.S., L.L.C.			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L06000016644	.iability Company	were filed on February 7,	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	mer .
			is o
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "C.C."
Enter new principal offices address, if applie	cable:	800 N. Collier Blvd. #20	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Principal office address MUST BE A STREI	ET ADDRESS)	Marco Island, FL 34145	PH 12:
			12.
		900 N. Callian Dlud #30	9
Enter new mailing address, if applicable:		800 N. Collier Blvd., #20	
(Mailing address MAY BE A POST OFFICE	BOX)	Marco Island, FL 34145	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:			
New Registered Office Address:	800 N. Collier	Blvd., #203	
		Enter Florida street	address
	Marco Island		, Florida 34145
		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

IGR = M MBR = ,A	anager uthorized Member	,	·
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
1GR	KURT STEKER	Drorygasse 6/32	
		Austria Europe	■ Remove
		Vienna A-1030	Change
1GR SANDE	SANDRA STEKER	Drorygasse 6/32	
		Austria Europe	□ Remove
		Vienna A-1030	Change
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Note: If th	e date is listed, the date must be ne date inserted in this block	does not meet the ap	plicable statutory fil		
locument'	s effective date on the Depar	rtment of State's reco	ords.		
e recorc	l specifies a delayed et	ffective date, but	not an effective	time, at 12:01 a	.m. on the earlier of
The 90	th day after the record	l is filed.			
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aicu	11/23/2016 Eniha Sig	,	<del>·</del>		
	Evilve	stila	2		
	Sia	nature of a member or	authorized representati	ve of a member	

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