# L070050847

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	<del> </del>	
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
(500)	dinent Humber)	
Certified Copies	Certificates	of Status
	•	<del></del>
	Tiling Officer	
Special Instructions to F	ning Onces.	
0 (6/ //		

Office Use Only



200318801622

FILED
2018 SEP 24 PH 2: 05
DECRETARY OF STATE
ALL AHASSEE FLAPE.

09/24/18--01008--007 \*\*35.00

T. CLINE
SEP 24 JONE

**EXAMINER** 

18 SEP 24 PH 1: 27

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Emerald Coast League of Extraordinary Gentlemen, LL	_ C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeveny Pitt Name of Person	
Emerald first League of Extraordinary Gentlemen. L	LC
701 Pier Park Drive, Suite 155	
Proma CHY Beach, Fl. 33413  City/State and Zip Code  Terrony DH 1884 @ angular report notification)  E-mail address: (to be used for future angular report notification)  For further information concerning this matter, places call:	ئت
E-mail address: (to be used for future annual report notification)	FILED
E-mail address: (to be used for future annual report dotification)  For further information concerning this matter, please call:	
Name of Person at (350) 258-5232 Significant Street	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

Eneral Cost League	of Extraodinal Gr	entlanen
(A Flor	Sility Company as It now appears on our recording Limited Liability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLG	
Enter new principal offices address, if applicable:		2018
(Principal office address MUST BE A STREET ADI	DRESS)	SEP T
Enter new mailing address, if applicable:		PH PH ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		98.54 98.54 98.55
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our record <u>ldress here</u> :	ls, enter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street addre.	5.5
***************************************		lorida
	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
MGR	Tim Jacobi	3929 Long John Dr.	<b>_</b> Add
		3929 Long John Dr. Parama City Reach, F1.324	<u>le</u> □ Remove
			Change
MGR	Weissgerber, Hons, 111	419 W River Front Dr.	Add
		Gledale, WI 53217	& Remove
			Change
			_ ≟□ Ad È
			AR SERVE F.
			Change O
			FILED  SEPRE PRINT CHARM 2: 09  AND SEPRE PRINT CHARM AND STANDARD AND AND STANDARD AND AND STANDARD AND AND SEPRE PRINT CHARM AND S
			Remove
			Change
			Remove
			☐ Change
			☐ Remove
			□ Change

			_
		· · · · · · · · · · · · · · · · · · ·	_
			_
			_
	·		
			_
			_
			_
			_
			2013
			SFP SFP
_			2 2 <del>1</del>
		m <sub>€</sub> ,	ъ
		· i _	<u>∓</u> ?>
**		<del></del>	0
			_
		<del></del>	_
(If an effect <u>Note:</u> If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requires effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 6 uirements, this date will not be li	05.02 sted
	rd specifies a delayed effective date, but not an effective time, Oth day after the record is filed.	at 12:01 a.m. on the ear	lier
` '	2 24 0		
	9-24-18		
	Signature of a member or authorized representative of a re	nember	

Page 3 of 3

Filing Fee: \$25.00