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EXAMINER

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COVER LETTER

SUBJECT: GEEKS4	REAL LLC		
	(Name of Limi	ited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SOLANGE JORDAN	(Normal of Bernan)	
		(Name of Person)	
	GEEKS4REAL LLC		
		(Firm/Company)	
	11385 NW 7TH ST APT 1		<u></u>
		(Address)	
	MIAMI, FL, 33172		<u></u>
		(City/State and Zip Code)	
For further information con	cerning this matter, please ca	all:	
SOLANGE JORDAN		at (786) 342-5483	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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

TO:

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

GEEKS4REAL LLC	11:-192-6	******	<u></u>	-	
(Name of the Limited	A Florida Limited L	iability Company	ears on our records ()	<u>s.</u>)	
The Articles of Organization for this Limited L	iability Company	were filed on <u>J</u>	ANUARY 28, 2008	and ass	igned
Florida document number <u>L08000009514</u>	•				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company	<u>1ere</u> :		
GEEKS4REAL LLC					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Con	npany," the designat	ion "LLC" or the a	ibbreviation
Enter new principal offices address, if applicable:		11385 NW 7TH ST APT 102. MIAMI, FL 33172			
(Principal office address MUST BE A STREE	ET ADDRESS)				
				 	
Enter new mailing address, if applicable:					·
(Mailing address MAY BE A POST OFFICE	BOX)				
				<u> </u>	
B. If amending the registered agent and			n our records, <u>er</u>	iter the name o	f the new
registered agent and/or the new registered of	ffice address her	<u>e</u>			
Name of New Registered Agent:	MAYRA AGUIL	ERA		<u> </u>	<u></u>
New Registered Office Address:	11385 NW 7T	H ST APT 102		1700 F.C. 2521	<u> </u>
			(Enter Florida stre	ret address)	123
	MIAM		, Floric	la <u>33172 🚊 👚</u>	
		(City)		(Zip _i Cod	le)I
New Registered Agent's Signature, if changing	Registered Agent:			ONID	3: 30
I hereby accept the appointment as register	ed agent and agr	ee to act in this	capacity. I furthe	er agree to comp	oly with

(If Changing Registered Agent, Signature of New Registered Agent)

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY 21

> SOLANGE JORDAN
> Typed or printed name of signee Page 2 of 2

> > Filing Fee: \$25.00

Signature of a member or authorized representative of a member