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Office Use Only



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17.

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: GOOLG CADIC |
| (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Gerrett Rieger (Name of Petron) |
| Gf Cable (Firm/Company) |
| 19984 U HWY 441 |
| Grange LK F/ 32681 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Chevre # Rieger at (352 274 2651 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Telson) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status 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



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OF

SECRETARY OF STATE

CALL AHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on 11 - 26 - 08 and assigned Florida document number 108000109728. |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) |
| |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: (Enter Florida street address) |
| Florida |

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 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.

(City)

(Zip Code)

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 <u>Title</u> Name **Address Type of Action** Chris schoup _ Add Remove Add Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member 12900

Page 2 of 2

Typed of printed name of signee

Filing Fee: \$25.00