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COVER LETTER

TO: Registratio Division of			
		nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Mark Ogrin		
	·	Name of Person	
	Name of Limited Liability Company icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Mark Ogrin Name of Person Mark R Ogrin, LLC Firm/Company 2018 Hythe A Address Boca Raton, FL 33434 City/State and Zip Code Ogrinm@gmail.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Solid 289-9012		
		Firm/Company	
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: Mark Ogrin Name of Person Mark R Ogrin, LLC Firm/Company 2018 Hythe A Address Boca Raton, FL 33434 City/State and Zip Code Ogrinm@gmail.com I:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Ogrin Name of Person Name of Person The enclosed is a check for the following amount: See Section Filing Fee Concerning			
	 	Address	<u> </u>
	Boca Raton, FL 33434		
	Ogrinm@gmail.com	fee(s) are submitted for filing. In this matter to the following: Name of Person In LLC Firm/Company Address FL 33434 City/State and Zip Code il.com Inter, please call: Inter, please call: Inter, please call: Inter, please call: Inter Sold Sold Daytime Telephone Number Inter Sold Daytime Telephone Number	
	E-mail address: (to be used for future annual report notifi	ication)
For further informati	on concerning this matter, please c	all:	
_		at ()	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check (for the following amount:		
□ \$25.00 Filing Fe		Certified Copy	Certificate of Status &

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
Tallahassec, FL 32301

FILED

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION
OF

2018 OCT -3 AM 9: 41 N SECRETARY OF STATE TALLAHASSEE, FI

Mark R Ogrin, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.)
(A Florida Etallico La	aomy Company)
The Articles of Organization for this Limited Liability Company v	were filed on March 12, 2009 and assigned
Florida document number L09000024560	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fiorida street address

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.

City

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	Zinaida Gurtovnik	2018 Hythe A Boca Raton, FL 33434	■ Add
			Remove
			Change
			Add
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			☐ Remove
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Please add an EIN # 83-18-	11063			***************************************	
			 		
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ective date, if other than the effective date is listed, the date in	ne date of filing:	t be prior to date of	iling or more than 90	_ (optional) lays after filing.) Pursuant to	605.0207
e: If the date inserted in this ument's effective date on the	block does not meet th	e applicable statu			
ament serieetive date on the	repartment of state s	records.			
record specifies a delay	ed effective date,	but not an effe	ective time, at 1	2:01 a.m. on the ea	arlier of
he 90th day after the re	ecord is filed.				
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Page 3 of 3

Typed or printed name of signee