## From:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARD G. COKER, JR., P.A.

Account Number : I20010000145 Phone : (954)761-3636

Fax Number : (954)761-1818

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARIN PATRICK, LLC

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#329 P.002/005

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## **COVER LETTER**

TO: Registration S Division of Co					
Garin Part	tick, LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Richard G. Coker, Jr.				
		Name of Person			
	Coker & Feiner				
		Firm/Company		5. 0	
	1404 South Andrews Ave	nue		2021 AUG 15 SECRETARY TALL AHASSE	
	•	Address		25 <b>6</b>	•
	Fort Lauderdale, FL 3331	6		16 8773	Ţ
	rgcoker@coker-feiner.com	City/State and Zip Code		PH 4: 47 35 STATE E. FLORIDA	ľ
	-	to be used for future annual report notif	ication)	- 22년 <b>:</b> - 5년 <b>:</b>	
For further information of	concerning this matter, please c	all:		» <b>7</b>	
Richard G. Coker		954 761-3636			
Name o	of Person		Telephone Number	<del></del>	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o Certifi <b>ed</b> Co	of Status &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	tion		
10. 1. 1	· ·	D			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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H21000308033E

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lia (A Flo	bility Company as it now appears on our records. rida Limited Liability Company)	
(//////////////////////////////////////	roa Ennica Elability Company)	
icles of Organization for this Limited Liability	y Company were filed on 03/17/2009	and assigned
document number L09000026153		
endment is submitted to amend the following:	:	
nending name, enter the new name of the li	imited liability company here:	
name must be distinguishable and contain the words "L	Limited Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
ew principal offices address, if applicable:		
al office address MUST BE A STREET ADI	DRESS)	
ew mailing address, if applicable:		
address MAY BE A POST OFFICE BOX)		
ending the registered agent and/or register	red office address on our records, <u>enter th</u>	e name of the new register
d/or the new registered office address here	<u>2</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Finter Florida struut address	
	Ester From the Street data cas	
	, Flori	daZip Code
	City	Zip Code
	c.i.y	
istered Agent's Signature, if changing Register	•	
	endment is submitted to amend the following nending name, enter the new name of the lame must be distinguishable and contain the words "to we principal offices address, if applicable: al office address MUST BE A STREET AD ew mailing address, if applicable: address MAY BE A POST OFFICE BOX) tending the registered agent and/or registered/or the new registered office address here	endment is submitted to amend the following:  nending name, enter the new name of the limited liability company here:  name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" of the principal offices address, if applicable:  al office address MUST BE A STREET ADDRESS)  ew mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the dor the new registered office address here:  Name of New Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

#329 P.004/005

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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>	Name	Address	Type of Action
MGR	Patrick, Garin J	1314 E. Las Olas Blvd, Ste 16	□∧dd
		Fort Lauderdale, FL 33301	
			☐ Change
AMBR	Patrick, Garin J.	1314 E. Las Olas Blvd., Ste 16	<b>=</b> Add
		Fort Lauderdale, FL 33301	_
		<del></del>	□ Change
			□Remove
			□Change
			□Remove
			☐ Change
			□Remove
<del></del> -			□Add
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Filing Fee: \$25.00