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## **COVER LETTER**

TO: Registration S Division of Co			
Oldie Bu	ut Goodie, LLC		
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
• •	Dan Morgan		
		Name of Person	
			25.2
		Firm/Company	上門 天
	4244 SE Commerce	e Ave	SECRETARY 24
		Address	
	Stuart, FL 34997		
		City/State and Zip Code	ŞÃ 😹
	danmorgan21@yaho		•
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ilication)
Dan Morgan	,	772 634-2980	0
Name (	of Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Tenter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oldie But Goodie, LLC DBA EZ Buy A		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp  Florida document numberL10000045895	any were filed on _04/28/2010	and assigned
This amendment is submitted to amend the following:		25 E
A. If amending name, enter the new name of the limited	liability company here:	2014 ROV 24 SECRETAS
The new name must be distinguishable and end with the words "Limited	Liability Company." the designation "LLC" or the	
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	3620 SE Dixie Highway	• .
(Mailing address MAY BE & POST OFFICE BOX)	Stuart, FL 34997	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> Type of Action **Address AMBR** Margaret W, Rogers 2078 TAZEWELL ROAD ☐ Add Virginia Beach, VA 23455 ■ Remove **AMBR Brent Cordy** 325 Woodland Road ■ Add Storre Mansfield, CT 06268 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

2620 SE Divio Highway	•		
3620 SE Dixie Highway			
Stuart, FL 34997			
Old Business and Mailing	g Address was:		
4244 SE Commerce Ave	Stuart, FL34997		
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he effective date must be specific, cannot be he date this document is filed by the Florida Dated  November 20th	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)  2014	SECRETARY FALLARASSE	<b>E</b>
he effective date must be specific, cannot be he date this document is filed by the Florida Dated  November 20th	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)  2014  nature of a member or authorized representative of a member	SECRETARY OF S	歪

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Filing Fee: \$25.00