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2620 Nr. 17 PH 5: 49

C. GOLDEN

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ler	-09a 11, L	LC.	•
	Name of Lim	ited Liability Company	 _
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Gina_	Tuten	
		Name of Person	
		Firm/Company	
	13021 MC	- Intosh Lal	ces Lane
	.\ .		
	<u> Dover</u>	FL 33527	
	Diwataina	City/State and Zip Code	.00
	1000001 11110	La gmail. Cul o be used for future annual report noti	[
Confirming in Comment		•	ncation)
ror further information cos	ncerning this matter, please ca	ill:	
Gina	Tuten	ar (3/3) 4/6	-02/29
Name of			e Telephone Number
et.			
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leroga /	, LLC	2020 <i>f</i>	110 17 PH 5:49
(Name of the Limited Liabi	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number		7-26-2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the o	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our r	ecords, enter the name o	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	rida street address	
	City	, Florida	Tin Code
Many Day 1 at 1 at 2 at 2	City		ли Соце

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 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>	<u>Name</u>	Address	Type of Action
MBR	Marvin Gay	801 26th Ave. North	□Add
	·	St. Pete, FL 33704	DRemove
			□Change
			□ ∧ dd
			Remove
			□ Change
			🗆 Add
			□Remove
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			□Change

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c	date, if other than the date of filing: $8-12-26$ (optional)
n effecti	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
o <u>te:</u> If i cument	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a it's effective date on the Department of State's records.
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
is filed.	
	August 12th 2020.
rtavl	
ited	- 11
ited	Lina Tuten
ted	August 12th 2020. Signature of a member or authorized representative of a member