

L120000076817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

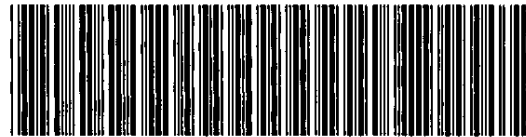
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2012 AUG 10 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 13 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIVOG FAMILY, LLC
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:

MICHAEL LAPAT

Name of Person

LAW OFFICES OF MICHAEL LAPAT

Firm/Company

3300 UNIVERSITY DRIVE, SUITE 311

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

julieh@turnkeyhedgefunds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE HANCOCK

Name of Person

at (954)

345-6442

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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)

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
OF**

CIVOG FAMILY, LLC

(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 06-08-2012 and assigned
Florida document number L12000076817.

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)

1819 MAIN STREET

SUITE 106

SARASOTA FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1819 MAIN STREET

SUITE 106

SARASOTA FL 34236

2012 AUG 10 AM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MARIO GOVIC

New Registered Office Address:

1819 MAIN STREET, SUITE 106

Enter Florida street address

SARASOTA

Florida

34236

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

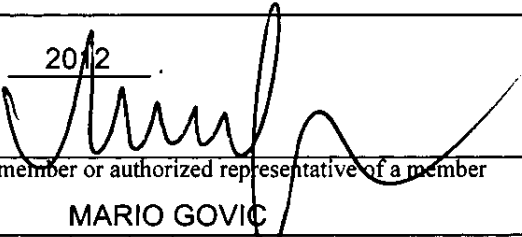
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	ANN MARIE GOVIC	4064 FOUNDERS CLUB DRIVE SARASOTA FL 34240	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIO GOVIC	1819 MAIN STREET SUITE 106 SARASOTA FL 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2012 AUG 10 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 7, 2012



Signature of a member or authorized representative of a member

MARIO GOVIC

Typed or printed name of signee