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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

COVER LETTER '

	tration Section of Gorp				
		vices, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		Number 50.00 Filing Fee, Certificate of Status & Certified Company
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspoi	ndence concerning this matter	to the following:		
		Andrew Register			
			Name of Person		
		FloridaMac			
			Firm/Company		
		1306 Thoamsville Road, S	Suite 1		
			Address		-
		Tallahassee, Florida 32303	3		
		drew.register@gmail.com	City/State and Zip Code		•
		E-mail address: (to be used for future annual report notif	ication)	
For further info	ormation co	oncerning this matter, please c	all:		
Drew Regitter REGISTER		706 340-7047			
Name of Person		Person	at () Area Code Daytime	Telephone Number	
Enclosed is a c	heck for th	e following amount:			
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32:	n ations nter Circle	AH 8: 46 Y OF STATE SEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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If Changing Registered Agent, Signature of New Restered Age

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
		□ Remove
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