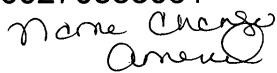
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15/20/15

COVER LETTER

TO: Registration S Division of Co	ection rporations	•	•
MICHEL SUBJECT:	E ANSORGE LLC		
SUBJECT:	Name of Lin	nited 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:	
	KENNETH C. HUTT	го	
		Name of Person	
	THE LAW OFFICE	OF KENNETH C HUTTO	
		Firm/Company	
	842 S. MISSOURI A	AVENUE	
		Address	
	LAKELAND, FL 338	115	
		City/State and Zip Code	
	SAGEGAL65@YAH		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	•
KENNETH C HUT	то	863 607-4222	
Name o	of Person	Area Code Daytime	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)
MAIL	JNG ADDRESS:	STREET/COURI	ER 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

FILED

	Or	•	. 12
MICHELE ANSORGE LLC		9815 APR -	2 AMII: 12
	I '- L'II'- C	<u></u>	or STAIL
(<u>Name of the Limited</u>) (A	Liability Company as it now app Florida Limited Liability Company	ears on our records.	ISEE, FLORIUM
		TAILS NOTES	OF STATE SEE. FLORIDA
The Articles of Organization for this Limited Liab	ility Company were filed on	10/08/20129	and assigned
Florida document number L13000141867		MA	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ie limited liability company	<u>here</u> :	
MICHELE ANSORGE, PL			
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," t	he designation "LLC" or the a	ibbreviation "L.L.C."
	,		
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
Enter new mailing address, if applicable:			
•			
(Mailing address MAY BE A POST OFFICE BO	<u></u>	***************************************	· · · · · · · · · · · · · · · · · · ·
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 offic	e address here:		
Name of New Projectored Agents			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		F1 2 J -	
-	City	, Florida	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$MGR \stackrel{\cdot}{=} Ma$ $AMBR = Au$	anager 1thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		 	□ Remove
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			(optional) the more than 90 days after
3-7-	, 20	<i>15</i> .	
Ne			
		authorized representative	
Ц	ument is filed by the Flor	ument is filed by the Florida Department of State)	, if other than the date of filing: e must be specific, cannot be prior to date of receipt or filed date and cannot ument is filed by the Florida Department of State) 3-7- , 2015

Page 3 of 3

Filing Fee: \$25.00