

L14000016259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

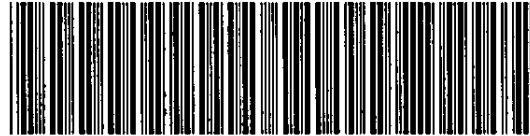
(Business Entity Name)

(Document Number)

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FILED
16 MAY -9 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2CONTANGO, 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:

Robert L. Switkes

Name of Person

Robert L. Switkes & Associates, P.A.

Firm/Company

407 Lincoln Road PH SE

Address

Miami Beach, FL 33139

City/State and Zip Code

rswitkes@switkeslaw.com

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

For further information concerning this matter, please call:

Robert L. Switkes

305 534-4757
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

2CONTANGO, 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 January 29, 2014 and assigned
Florida document number L14000016259.

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 contain 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)

407 Lincoln Road, PH SE

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Robert L. Switkes & Associates, P.A.

407 Lincoln Road, PH SE

Miami Beach, FL 33139

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:

Robert L. Switkes & Associates, P.A.

New Registered Office Address:

407 Lincoln Road, PH SE

Enter Florida street address

Miami Beach

, Florida 33139

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 amehding 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>	<u>Address</u>	<u>Type of Action</u>
P	Frank Rizzo	3786 124th Ave	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dmitrijus Apockinas	407 Lincoln Rd PH SE	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Formicola	407 Lincoln Rd PH SE	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 16 2011
PH 35

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Typed or printed name of signee

RECEIVED
16 MAY - 9 PM 2:35
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TALLAHASSEE, FLORIDA