## 214000020206

(R	Requestor's Name)	
(A	ddress)	<del> </del>
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	_
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





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BEC & CAR

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI		s, LLC		
.,61901		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Lesley Rhyene, Esq.		
		Cunningham Miller PA	Name of Person	
			Firm/Company	
		2975 Overseas Hwy		
			Address	
		Marathon, FL 33050		
		lrhyne@tloridakeysław.con	City/State and Zip Code	
		Name of Person		
For fur	ther information c	oncerning this matter, please ca	all:	
Lesley	Rhyne		305 743-9428 at ()	
	Name o	f Person	Area Code Dayting	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &

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

Thee Gents, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/05/2014	and assigned
lorida document number 1.14000020206		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	Hiability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		j n
nter new mailing address, if applicable:		<u> </u>
Tailing address MAY BE A POST OFFICE BOX)		<u> </u>
		25 2 27
	<del></del>	(I)
. If amending the registered agent and/or register egistered agent and/or the new registered office addres		rds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	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 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>	<u>Address</u>	Type of Action
	Bernard Dreiling	625 Lake Harbor Circle	
AMBR			<b>=</b> Add
		Orlando, FL 32809	
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an effective date is listed	er than the date of filing:  !, the date must be specific and cannot be prio	r to date of filing or more than 90 day	(optional) is after filing.) Purs	uant to 605,0207
	ted in this block does not meet the applicate on the Department of State's records		s, this date will i	not be listed as
	a delayed effective date, but no er the record is filed.	ot an effective time, at 12:	:01 a.m. on t	he earlier of
Pated November 20	. 2018	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00