## 4140000040918

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800260737858

06/82/14--01042--006 \*\*60.00



J. Strivers JUN 1 0 2014

## **COVER LETTER**

TO:	Registration Sec Division of Corp		* * W W W	: -
SUBJI	ест: <u>De</u>	gaje IIC Name of Lim	ited Liability Company	
The en	iclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Jenni	Fer Pearson Name of Person	<del> </del>
		Pe	Gate LLC  Erm/Company	<del> </del>
		2585	1 Queen SagoP	<u> </u>
		weste	Cy Chapel FZ3.	3544
		Olesian E-mail address: (1	oudeacied amai	L. com
For fu	rther information co	ncerning this matter, please ca	all:	
	Jenn Her Name of	Person	at (S13) 244- Area Code Daytime	WOS Telephone Number
Enclos	sed is a check for the	e following amount:		
<b>□ \$</b> 2	5.00 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liab)lift Co. (A Florida Limit	npany as it now appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L14000040918</u> .	any were filed on March 11,2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability 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	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address l	office address on our records, enter the name of the new nere:
New Registered Office Address: 35	851 Diven Sano Pl
The registered Office requiess.	Enter Florida street address
Wes	ley Chapel, Florida 367/4.
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Actio
No	other	Wembers		
				Remove
				□ Remove
				□ Remove
				Add
·				Remove
				ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
				Single Control of the Control of th
				Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated May 19, 2014,
Signature of amember or authorized representative of a member
Gennifer Pearson Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

14 JUN-2 MHII: 34 SLUAN ASSEE FLORIDA MALLAHASSEE FLORIDA