# LK4000 102 094

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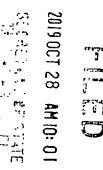


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# **COVER LETTER**

FO: Registration Sec Division of Corp			
subject: <u>G</u> e	Oger, LLC Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	AL (	nespo Name of Person	<del></del>
		Name (7.1 crson)	
		Firm/Company	
	<u>689 N</u>	DE 92 Pd Street	
	Micu	Mi FL 331.38 City/State and Zip Code	
	E-mail address: (1	ICrespo, Net	ication)
For further information ec	neerning this matter, please ca	·	·
Al Cresy Name of	Person	at (305) 759- L Area Code Daytime	1788 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

(Name of the Link	A Company (A Florida Limited Liab	as it now appears on ou	r records.)		
The Articles of Organization for this Limited L	iability Company we			and assig	ned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liabilit	y company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designat	ion "LLC" or the a	bbreviation "L.L.	<u></u>
Enter new principal offices address, if applic	able:				<del></del>
(Principal office address MUST BE A STREE	ET ADDRESS)		<u>.</u>	2019 SEG	
Enter new mailing address, if applicable:	-			0CT 28	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			AM ID: OI	
B. If amending the registered agent and registered agent and/or the new registered o		e address on our	records, enter	the name of	the new
Name of New Registered Agent:	George R. Revoluble	Ruffing, True Trust Agre	He of H	ne Ruffis	<u>uq</u> 5. 2005
New Registered Office Address:		Enter Florida stre			
	The Vill	Civ	, Florida	3>102 Zip Code	
New Registered Agent's Signature if changing	Dogictored Agents				

## New Registered Agent's Signature, it 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.

Changing Registered Ageon Signature of New Registered Agent

☐ Remove

\_ Change

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>	Address	Type of Action
			· □ Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change
		<del>.</del>	□ Remove
			☐ Change

). If ansend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
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<u></u>	
·	
Note: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	× Consession of a member of a member
	George R. Ruffing Typed or printed name of signee

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Filing Fee: \$25.00