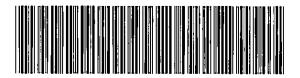
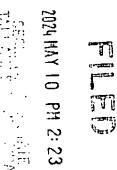
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	(Requestor's Name)	-
	(Address)	
	(Address)	·
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	1	
	mills	
	Office Use Only	







## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/09/2024

NAME: OGLEBY CREEK LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

	ision of Cor				
CUBIECT.		OGLEBY CREEK LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Troy H. Myers, Jr.			
			Name of Person		
		Troy Myers Law Firm, PL	LC		
			Firm/Company	<del></del>	
		2033 Main St. Ste. 500			
			Address	<del></del> _	
		Sarasota, FL 34237			
		<u> </u>	City/State and Zip Code		
		myerslegalsvcs@gmail.com		<del></del>	
			to be used for future annual report noti	tication)	
For further in	nformation c	oncerning this matter, please c	all:		
Troy H. My	ers, Jr.		941 586-9093 at()_		
	Name o	f Person		e Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ <b>\$</b> 25.00 F	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)	
Reg Div P.C	iling Addres gistration S vision of C ). Box 632 lahassee, I	Section Porporations 7	Street Address: Registration Sedurision of Core The Centre of Total 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OGLB	EY CREEK LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record lited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000126541</u> .	pany were filed on 08/12/2014	and assigned
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	t inhility Company "the designation "110	" or the history of Table 1 C"
the new name must be distinguishable and contain the words. Limited		
Enter new principal offices address, if applicable:	8840 Ogleby Creek Rd.	
Principal office address MUST BE A STREET ADDRES.	Myakka City, FL 342510	
		2 144
Enter new mailing address, if applicable:	8840 Ogleby Creek Rd.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)	Myakka City, FL 342510	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address: 2033 Mair	st. Ste. 500	
New Registered Office Address.	Enter Florida street addres	s.s.
Sarasota	ប	orida <sup>34237</sup>
<u>-11.1121</u>	Citr' , F1	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 Type of Action Title **Address** <u>Name</u> \_\_ \_\_Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_ □Add \_\_\_\_ Remove \_\_\_\_ 🗆 Add \_\_\_\_ □ Remove \_\_\_\_ □Add \_\_\_\_\_ Remove Change \_\_\_\_\_ □Add \_\_\_\_\_\_ □Remove \_\_ \_\_ Change 

\_\_\_\_\_\_ Change

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Filing Fee: \$25.00