L15000087502

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<u> </u>
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COVER LETTER

TO: Registration Se Division of Cor			
Magoo No.	2, LLC		
SUBJECT:	Name of Lin		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspondence	ondence concerning this matter	to the following:	
	David Thiemann		
		Name of Person	
		Firm/Company	
	PO Box 30127		
		Address	
	Palm Beach Gardens, FL	33420	\$ 20
	homes 1000@comcast.net	City/State and Zip Code	2021 JAN 13
	E-mail address: (to be used for future annual report notificati	ion) $\overline{\omega}$
For further information c	oncerning this matter, please c	all:	
David Thiemann		561 371-7400 at ()	
Name o	f Person	Area Code Daytime Te	lephone Number 🖼 🊫
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magoo No. 2, LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our r ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa Florida document number L15000087502	ny were filed on 05/18/2015	_	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Vergnugen, LLC			
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	(Same as Current)		
Principal office address MUST BE A STREET ADDRESS)			
		ره در در در	202
Enter new mailing address, if applicable:	(Same as Current)	26 26 27 27 27	Z TI
Mailing address MAY BE A POST OFFICE BOX)			ω (
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 If amending the registered agent and/or registered office and/or the new registered office address here: 	ce address on our records, <u>e</u>	nter the name	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	nddress	
		, Florida	
	City	_, r iorida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or rentoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more if the date inserted in this block does not meet the applicable statutory filing			
ment's effective date on the Department of State's records.	•		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or filed.	n the earlier of: (b) The	90th day a	fter tl
d 1721 2021			
·	of a member		