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Amend/riame

JUN 25 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida GAS Effects. LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert A. Moyer III	
Florida GAS Effects . CLC	
Firm/Company	
2011 Soviered Ave	
ZOIL Sewand Ave	
Naples FL 341109 City/State and Zip Code	
City/State and Zip Code	
Robert @ Flozida Poel Seevice . Net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
2/6-634)	
Name of Person Area Code 216-6345 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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

	as Effects			
(Name of the Limited I	<u>Liability Company as i</u> Florida Limited Liability	t now appears on our Company)	r records.)	
The Articles of Organization for this Limited Liabi		filed on June	3 2015	and assigned
Florida document number <u>L 150000 970 8</u>	34			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liability c</u>	ompany here:		
RAM STANCTY GENE The new name must be distinguishable and contain the word	rators LLC	<u></u>		
The new name must be distinguishable and Lontain the word	s "Limited Liability Cor	npany," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
				PE C
Enter new mailing address, if applicable:				<u>ယ</u> - 2
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- .	<u> </u>	· '&
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office				
Name of New Registered Agent:	Robert 1 2011 Se Naples	A. Moyer I	<u> </u>	
New Registered Office Address:	2011 Se	wand Ave	ut address	
	Abales	imer ribriaa siret	er tatarens	ZU100
-	Compression	 ity	, Florida	Zip Code
New Designation of America Cignature if shanging Dog		•		

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 amendin	g Authorized Person(s) authorized to l from our records:	manage, <u>enter the title, name, an</u>	d address of each person being add
MGR = MAMBR = A	Manager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Remove
			□ Change
			Remove
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f an effective date i Note: If the date	if other than the date is listed, the date must be specified in this block distinct date on the Department	pecific and cannot be process not meet the app	olicable statutory fi	more than 90 days a	otional) fter filing.) Pursuant to 6 this date will not be l	505.0 isted
ne record spec The 90th da	cifies a delayed effor y after the record i	ective date, but s filed.	not an effective	e time, at 12:0	l a.m. on the ear	rliei
Dated	ne 7		9			
	Ne 7 DZJA Signa	Moyer III Typed or pr	Uthorized representat	va af a mamhar		
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Filing Fee: \$25.00