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## **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT:	Gadaeteca	$\cap$		
<u> </u>	Name of Lim	ited Liability Company		
The enclosed Articles of A	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Jona	HAN ECK Name of Person		
	<u></u>	adgetecy Firm/Company		
	3512	Der Prado R	olval S.	Vn1+108
	Cape	COTAL, FL 32 City/State and Zip Code	904	_
	E-mail address: (	1Ct CM CMW() To be used for future annual report	ta gn	nail. Corr
For further information con	cerning this matter, please ca	all:		
Jonathan Name of P	O ECK	at (239) Day	10-3014 rtime Telephone Nur	
Enclosed is a check for the	folloying amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address Registration		

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

Sadget (Name of the Limited	GUUS  Liability Company  A Florida Limited Lia	v as it now appears o		1ct Kepai	K
The Articles of Organization for this Limited Lial Florida document number	bility Company w		24/2015	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the new name must be distinguishable and contain the wor	ageta	1, LLC.		bhanista W. I. C.	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	25 Company, the desir	y A	DOTEVIATION L.E.C.	
Enter new mailing address, if applicable:				320	· -
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		NA		•
B. If amending the registered agent and/or req agent and/or the new registered office address		ldress on our rec	ords, <u>enter the nar</u>	ည္တ ne of the new register	<u>ed</u>
Name of New Registered Agent:	Joy	lathan	Eur		~ u.
New Registered Office Address:	3512 D	Enter Florido	BVD 5.	Cape Coval,	H BA
	Cape	City	, Florida	33904 Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Christina EUR	3512 Del Brado Birol S. Unit 108 Cape Coral, £ 33	₽Add
			□Remove
			Change
	<del></del>		□Add
			□Remove
			Change
	<del></del>		□ Add
			Remove
			□ Change
			□ Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

## Page 2 of 3

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	MA
_	
_	
_	
(If an effect <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(8) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  Oth day after the record is filed.
Dated _	8/5-August-5, 2020
	Signature of a member or authorized representative of a member
	JONATHAN ECK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00