

LB000140187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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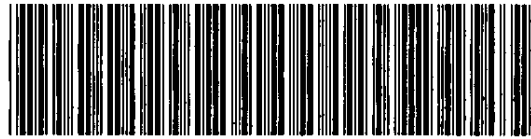
Special Instructions to Filing Officer:

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EFFECTIVE DATE

4/28

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TALLAHASSEE, FLORIDA
16 APR 22 PM 2:35

MAY 05 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2016

GORAN RAILICH
2160 MAY PORT ROAD #2507
JACKSONVILLE, FL 32233

SUBJECT: G.R. NORTH FLORIDA LLC
Ref. Number: L15000140187

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We have received your document for G.R. NORTH FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00008399

I JUST NEED CHANGE NAME

ALL REST IS SAME

NEW NAME IS

DG FOREVER LLC

THANK U

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.R. NORTH FLORIDA 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:

GORAN RAILICH

Name of Person

DG FOREVER LLC

Firm/Company

2160 MAYPORT RD APT 2507

Address

ATLANTIC BEACH 32233

City/State and Zip Code

GOX-2004@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GORAN RAILICH

Name of Person

at (904)

Area Code

434 5270

Daytime Telephone Number

Enclosed is a check for the 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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GR NORTH FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08.17.2016 and assigned Florida document number 215000140187.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OG FOREVER LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2160 MAYPORT RD APT 2507
ATLANTIC BEACH 32233
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2160 MAYPORT RD APT 2507
ATLANTIC BEACH FL 32233

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 APR 22 PM 2:35

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten signature across the lines.

16 APR 22 PM 2:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 04.28.2016 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 04.28.2016

Signature of a member or authorized representative of a member

GORAN RAIZICH

Typed or printed name of signee