## 116000192054

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SECRETARY OF STATE

K. SALY NOV -4 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: John Rago LLC  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vohn Raso Name of Person
Firm/Company)
1824 Smith dr Address
Hous ville fl 32780  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 289-890 Area Code & Daytime Telephone Numb
STREET/COURIER ADDRESS: Registration Section Division of Corporations  Division of Corporations  Division of Corporations  Registration Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{\$55 Filing Fee & Certified Copy}

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EI.

AKII	CLES OF ORGANIZATIO	
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Ohn (Name of the Limite		2016 NOV -3 AM 11: 24  OUT records. AMASSE OF ST
	A Floride Limited Liability Company)	· · · · · · · · · · · · · · · · · · · ·
he Articles of Organization for this Limited Lia	ability Company were filed on 10-	19-2016 and assigned
lorida document number <b>116</b> 000192054	· · · · · · · · · · · · · · · · · · ·	* : <i>d</i>
his amendment is submitted to amend the follo	wing:	
a. If amending name, enter the new name of	the limited liability company here:	
-		
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET		
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	eox)	
. If amending the registered agent and/o	r registered office address on our	records, enter the name of the ne
egistered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		. Florida
:	City	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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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<u>te:</u> If the	date inserted in effective date or	ı this block do	es not mee	t the applic	able statutor	y filing requir	ements, thi	s date will r	not be listed a
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Filing Fee: \$25.00