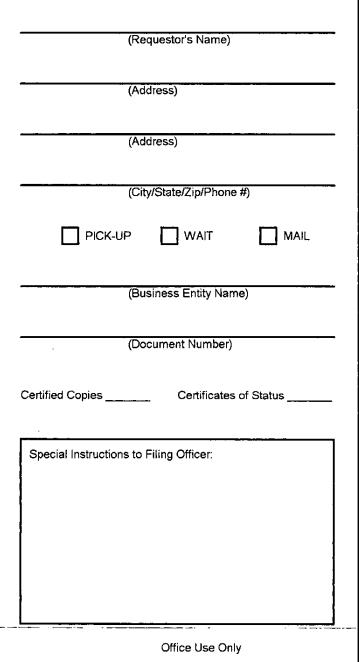
# L. 17000039128





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O SIMMONS APR 28 2017

## **COVER LETTER**

	gistration Sec vision of Cor			,
SUBJECT:	Gage Real I	Estate		
SUBJECT:		Name of Lim	ited Liability Company	···
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Thomas R. Bledsoe		
			Name of Person	
			Firm/Company	
		210 San Juan Drive		
			Address	
		Ponte Vedra, FL 32082		
			City/State and Zip Code	
		trb@ruffingillican.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please c	all:	
Angela Kne	eale		904 732-9701 at ()_	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gage Real Estate		
( <u>Name of the Limited Lial</u> (A Flor	oility Company as it now appears on our record rida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number L17000039128	Company were filed on 2/15/2017	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AD	DRESS)	2
		All a
Enter new mailing address, if applicable:		<u>~~</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office and		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	orida 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>	Type of Action
MGR	Thomas R. Bledsoe	210 San Juan Drive	□ Add
		Ponte Vedra, FL 32082	☐ Remove
			☐ Change
MGR	Cresta A. Bledsoe	210 San Juan Drive	■ Add
		Ponte Vedra, FL 32082	☐ Remove
			□ Change
			Remove:
			Add
			Remove
			□ Change
	-		Add
			☐ Remove
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			☐ Change

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ocument's effective				·	<b>J</b> ,			
e record specifie	s a delaved effe	ctive date	e but not	an effecti	ve time	at 12:01 a	m on th	e earlier o
The 90th day af			c, bac noc	arr criccu	ive cime,	JE 12.01 G		e carner c
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Page 3 of 3

Filing Fee: \$25.00