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2018 APR -4 PH 12: 46
SECRETARY OF STATE

COVER LETTER

	istration Sec sion of Corp		,		
	GAGE REA				
SUBJECT.		Name of Limit	ed Liability Company		
The enclosed	Articles of A	amendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		THOMAS BLEDSOE			
			Name of Person		
		GAGE REAL ESTATE LL	С		
			Firm/Company		
		1565 PARK TERRACE EA	AST		
			Address	,	
		ATLANTIC BEACH FL 32	2233		
		H-9	City/State and Zip Code		
		TRB@RUFFIN44.COM			
		E-mail address: (to	o be used for future annual report notific	eation)	
For further in	formation co	ncerning this matter, please ca	11;		
THOMAS B	LEDSOE		917 747-7718		
	Name of	Person	at ()	Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling 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						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on o liability Company)	ur records.)			
The Articles of Organization for this Limited L Florida document number L17000039128	ability Company	were filed on 02/17/20	17		and ass	igned
This amendment is submitted to amend the following	ter the new name of the limited liability company here: Sishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." es address, if applicable: MUST BE A STREET ADDRESS) 1565 PARK TERRACE EAST ATLANTIC BEACH FL 32233 ss, if applicable: EA POST OFFICE BOX) Gistered agent and/or registered office address on our records, enter the name of the new the new registered office address here:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
GAGE REAL ESTATE LLC						
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designa	tion "LLC" or	the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:		1565 PARK TERRA	CE EAST			
(Principal office address MUST BE A STREE		ATLANTIC BEACH	FL 32233			
		<u></u>		····	··	
Enter new mailing address, if applicable:		1565 PARK TERRA	CE EAST			
(Mailing address MAY BE A POST OFFICE	BOX)	ATLANTIC BEACH	FL 32233			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her	e: ERRACE EAST		PALLAHASSEE	2018 APR -4	of the new
	A TOTAL A NOTICE IN	Enter Florida st		0.25.5 1.25.25.25.25.25.25.25.25.25.25.25.25.25.	PHI	e of the new
	ATLANTIC B	City	, Flori			<u>C.</u> 3
		City		25	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>	Address	Type of Action
MGR	THOMAS BLEDSOE	1565 PARK TERRACE EAST	Add
		ATLANTIC BEACH FL 32233	☐ Remove
			☐ Change
MGR	CRESTA BLEDSOE	1565 PARK TERRACE EAST	Add
		ATLANTIC BEACH FL 32233	☐ Remove
			■ Change
	N		□ Add
			☐ Remove
			Change
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			Remove
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Page 3 of 3

Typed or printed name of signee

Filling Fee: \$25.00