117000076621

(Requestor's Name)
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		ition Secti of Corpo		ζ.	
CUB IE	Ginr	ny Marles	LLC		
SUBJEC	-1: <u></u>			ited Liability Company	
The encl	osed Arti	cles of An	nendment and fee(s) are sub-	mitted for filing.	
Please re	turn all co	orrespond	ence concerning this matter	to the following:	
			Christopher Ragain		
				Name of Person	
			Ragain Financial Inc		
				Firm/Company	and the second of the second o
	Name of Person Ragain Financial Inc				
				Address	
			Bonita Springs, FL 34135		
					
				·	cation)
For furth	er inform	ation cond	cerning this matter, please ca	ıll:	
Chris Ra	gain			239 948-0314	
	1	Name of Pe	erson	at () Area Code Daytime	Telephone Number
Enclosed	is a chec	ck for the f	following amount:		
\$25.0	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

Ginny Marles LLC		
(Name of the Limited I	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 04.05.2017	and assigned
Florida document number L17000076621		
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BO	<u></u>	PR
		<u> </u>
B. If amending the registered agent and/or	<u> </u>	
registered agent and/or the new registered office	address nere:	.
Name of Name Day's and LA		
Name of New Registered Agent:		_
New Registered Office Address:		
	Emer Florida street address	
-	, Florida	Zip Code
	City	z.ip Coae

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	Virginia Marles	1557 Birdie Dr, Naples, FL 34120	Add
			☐ Remove
			■ Change
			Remove
			Change
			☐ Remove
			□ Add
			Charge Age
			□ Remove
			□ Change
	 		
			Remove

The sole manager is being changed from Ginny Marles to	Virginia Marles. Same person but correcting the leg	ıl
name.		
· · · · · · · · · · · · · · · · · · ·		_
		_
		
		
	##*	<u></u>
	50 :	
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application of state of the date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to the statutory filing requirements, this date will not be	605 liste
ecord specifies a delayed effective date, but not e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the e	arli
4/13, 201	7	
Signature of a member or autho	rized representative of a member	

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Filing Fee: \$25.00