

L170000 78902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

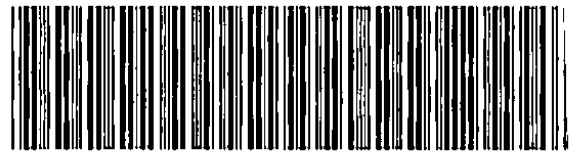
(Business Entity Name)

(Document Number)

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T. LEWIS

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rogers, Lynch & Neafie Technology 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:

TRAP HORNE

Name of Person

Rogers, Lynch & Neafie Technology LLC

Firm/Company

7901 4TH ST NORTH STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

TRAP.HORNE@GMAIL.COM

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

For further information concerning this matter, please call:

TRAP HORNE

Name of Person

at ( 201 )

Area Code

640 5290

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

TO  
**ARTICLES OF ORGANIZATION**  
OF

Rogers, Lynch & Neafie Technology 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 04/07/2017 and assigned Florida document number L17000078902

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

REGISTERED AGENTS

7901 4TH ST N, STE

ST. PETERSBURG, 337

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

REGISTERED AGENTS

7901 4TH ST N, STE

ST. PETERSBURG, 337

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

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

*Enter Florida street address*

St. Petersburg

*City*

Florida 33702

*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 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 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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>MGR</u>	<u>TRAPPIO L. HORNE</u>	<u>1703 NE 9TH ST, FORT LAUDERDALE, FL 33304</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Chan
<u>MGR</u>	<u>TRAPEZOID ENTERPRISES, LLC</u>	<u>7901 4TH STREET NORTH, SUITE 300, ST.PETERSBURG, FL 33702</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remc
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remov
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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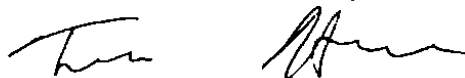
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.0:

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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  
(b) The 90th day after the record is filed.

Dated June 28, 2019



Signature of a member or authorized representative of a member

TRAPPIO HORNE

Typed or printed name of signee