170171000111

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700307945187

ŭ1/24/18--01012--012 **30.00



JAN 2 5 2016 Y SULKER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: NOFF	n Florida Go-66 Name of Limi	Hers Limited Liability Company	1.ty Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jarrod	Stokes Name of Person	
	North Fl	orida Go-GeHers	Limited Liability Company
	176 SW Arr		
	Lake City,	FL 32024 City/State and Zip Code dagoge Hers Qgr o be used for future annual report notif	
	northflori E-mail address: (1	dagoge Hers Qgr	nail. Com
For further information co	oncerning this matter, please ca		
Jarrod Name of	Stakes Person	at (386) 8541 Area Code Daytime	279 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fce	SAS30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Limited Liability Company

The Articles of Organization for this Limited Liability Company v	were filed on _	August 1	10, 2017 an	d assign	ıed
Florida document number L17000171071		O	•		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company l	<u>nere</u> :			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC"	" or the abbreviation	on "L.L.C	7.**
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
					<u> </u>
				18	
Enter new mailing address, if applicable:			<u></u>	00 <u>_</u> خ	
(Mailing address MAY BE A POST OFFICE BOX)				AR	· .·
			335	₽	,***=
		• •	- F	РM	177
B. If amending the registered agent and/or registered off		on our records	enter the na	artic of	ithe: new
registered agent and/or the new registered office address here	1.		10. 20.	49	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	orida street address	۲		
		, Flo	orida		
	City		Zip (Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre	e to act in this	capacity. I fur	ther agree to o	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	Justin Rutherford	2189 NE Thalia Rd	
		Mayo, FL 32066	
			Change
			
			☐ Remove
			Change
			Add Remove
			Add 18 Remove Remove Add 18 Remove
			F Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			🗅 Remove
			☐ Change

		-
		-
		_
		_
		_
	***	-
		-
		-
		_
		_
	<u> </u>	<u>.</u> ▲
	N S	,
	-	,
	PM 2: 1	
		- -
	<u> </u>	_
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 60	- 5.0207 ted as
ne record specifies a delayed effective date, but not an effective time, and the first the record is filed.		ier of
Dated Occarber 20. 2017. Output Outp		
\bigcap \bigcap \bigcap \bigcap \bigcap		
Signature of a member or authorized representative of a me	ember	

Page 3 of 3

Filing Fee: \$25.00