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(Re	questor's Name)	
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(50	omess Emily Marrie,	•
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COVER LETTER

TO: Registrat Division o	Section Corporations
GEO	LC .
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	of Amendment and fee(s) are submitted for filing.
Please return all co	spondence concerning this matter to the following:
	George Intelli
	Name of Person Fat boys Lounge
	Firm/Company 15915 US HWY 19
	Address Hudson, FL 34667
	City/State and Zip Code whitie3@yahoo.com
For further informa	E-mail address: (to be used for future annual report notification) n concerning this matter, please call:
George Intelli	727 768-3826 CV.:
٨	e of Person Area Code Daytime Telephone Number
Enclosed is a check \$25.00 Filing F	r the following amount: □ \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
R П Р	ILING ADDRESS: istration Section istration of Corporations Box 6327 ahassee, 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

GEO-2 LLC		1
(<u>Name of the Limited Liabilit</u> (A Florida	ity <u>Company as it now appears on our records.</u>) a Limited Liability Company)	Ť
The Articles of Organization for this Limited Liability C Florida document number L17000260514	Company were filed on 12/22/2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L1.C" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	•	name of the new
Name of New Registered Agent:	<u> </u>	· · · · ·
New Registered Office Address:	Enter Florida street address Florida	
New Registered Agent's Signature, if changing Registered	City	Zip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered agents being filed to merely reflect a change in the registere	complete performance of my duties, and I am fam gent as provided for in Chapter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

-	from our records:		
MGR≐ N AMBR= A	1anager Authorized Member		l l
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sandra Korkowski	15915 US HWY 19 Hudson, FL 34667	
			Remove
			Change
MGR Corleigh Intelli	Conleigh Intelli	98-1388 Hinupl. Unit B Pearl City, HI 96782	B Add
		Pearl City, HI 96782	Remove
			Change
			
			□ Remove
			Change
			Remove
			Clarge 1
			Adding the second secon
			Remove
			Change
_			Add
			Remove
		····	Change

If amending any other information, enter change(s) here: (Attach additional	sneets, y necessary.)	
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Effective date, if other than the date of filing:	(optional)	<u>च्</u>
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	quirements, this date will not be li	sted as the
January 23 , 2019		
Dated		
Signature of a member or authorized representative of a	member	
George Intelli Typed or printed name of signee		
typed of printed name of signee		
Page 3 of 3		

Filing Fee: \$25.00

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