## 118000122959

(Re	equestor's Name)	
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August 21, 2018

MICHAEL FARLEY 7720 ARBLE DR JACKSONVILLE, FL 32211

SUBJECT: I GOTTA GUY RENOVATIONS L.L.C.

Ref. Number: L18000122959

We have received your document for I GOTTA GUY RENOVATIONS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

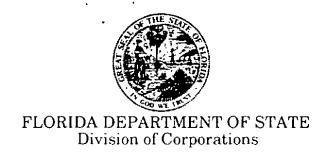
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

2018 SEP - 4 PH 3

Letter Number: 118A00017292



July 18, 2018

MICHAEL FARLEY 7720 ARBLE DR JACKSONVILLE, FL 32211

SUBJECT: I GOTTA GUY RENOVATIONS L.L.C.

Ref. Number: L18000122959

We have received your document for I GOTTA GUY RENOVATIONS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00014739

Octavia L Simmons Regulatory Specialist III

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: T Gott A Gay Romanticas L.L.C.  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:
Michael J. Feeley Name of Person
I Gott A Gry Roncustrons L.L.C.
7720 Aeblo de
Jackschville Fl 32211 City/State and Zip Code
MIVO OF Extra Conference (to be used for future annual report notification)
For further information concerning this matter, please call:
Miles Farlou at (904) 570 - 5412  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
fee was alroady Poid
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I Gott A Guy Rona	pations L.L.C
( <u>Name of the Limited Liability Con</u> (A Florida Limite	ppany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 180001 22 959</u> .	ny were filed on 5-16-2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST_BE A STREET ADDRESS)	
	PR O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>iere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
··	Enter Florida street address
	City 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 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>	Name	Address	Type of Action
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ffective date is listed, : If the date inserte	the date must be specific id in this block does n	and cannot be prior of meet the application	r to date of filing o cable statutory li	rmore than 90 days aff ling requirements, t	ier filing.) Pursuant to 605. his date will not be liste
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	a delayed effectiv r the record is file		ot an effective	e time, at 12:01	a.m. on the earlie
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Filing Fee: \$25.00