

L19 0000 36956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

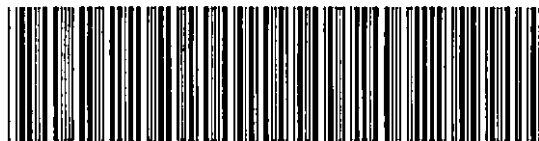
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600335958976

10/28/19--01015--024 ++25.00

FILED

2019 OCT 28 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SUKER

10/28/2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EGO Scooters 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:

Ashley Kelley
Name of Person

Firm/Company

5615 2nd Ave Ste C
Address

Key West FL 33040
City/State and Zip Code

egoScooters@yahoo.com
E-mail address: (to be used for future annual report/notification)

For further information concerning this matter, please call:

Ashley Kelley at (305) 304-6621
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EGO SCOOTERS 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 02/08/2019 and assigned
Florida document number L19000036956.

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5615 2ND AVE STE C

KEY WEST FL

33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5615 2ND AVE STE C

KEY WEST FL

33040

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

Name of New Registered Agent:

ASHLEY KELLEY

New Registered Office Address:

5615 2ND AVE STE C

Enter Florida street address

KEY WEST

Florida 33040

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD GAGE	21 CALLE UNO	<input type="checkbox"/> Add
		KEY WEST FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN KELLEY	17 E 11TH AVE	<input checked="" type="checkbox"/> Add
		KEY WEST FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDRA JACKSON	124 ISLES OF VENICE APT 3	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	JOHN JACKSON	16 ARBUTUS DR	<input type="checkbox"/> Add
		KEY WEST FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEY KELLEY	15 ARBUTUS DR	<input checked="" type="checkbox"/> Add
		KEY WEST FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	ASHLEY KELLEY		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 23, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee