## L190000 41350

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## **COVER LETTER**

ro:	Registration Sec Division of Corp		4	, ,
SUBJE		GITUDE, LLC		
уоваг	<u> </u>	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Emily McGuire		
			Name of Person	
			Firm/Company	
		3500 Mactavish Ave		
		Baltimore, MD 21229	Address	
		that.corgitude@gmail.com	City/State and Zip Code	<del></del>
			to be used for future annual report notif	ication)
		oncerning this matter, please ca		
Emily	McGuire Name o	f Person	618 267-4489 at () Area Code Daytime	: Telephone Number
	, value o	· · · · · · · · · · · · · · · · · · ·		
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THAT COGITUDE, 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  $\frac{02/11/2019}{1}$ and assigned Florida document number L19000041350 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THAT CORGITUDE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the affire Viational Company, and the designation of the affire Viational Company of the designation of the d Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: n/a Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_ Florida \_

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	Jason McGuire	3500 Mactavish Ave Baltimore, MD 21229	<b>□</b> Add
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ocume		
осите е гесс	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n. on the earlie
locume e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 30 May . 2019	m. on the earlie
ocume e reco The 9	90th day after the record is filed.	m. on the earlie

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Filing Fee: \$25.00