

L19000094524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 JUN 27 PM 3:19

LP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2023

ERIC MACLEOD  
OG 61, LLC  
PO BOX 2222  
HOBE SOUND, FL 33475 US

SUBJECT: OG 61, LLC  
Ref. Number: L19000094524

We have received your document for OG 61, LLC and your check(s) totaling \$52.20. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a LLC requiring an Articles of Amendment application. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 323A00012219

RECEIVED  
JUN 27 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OG 61 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:

Eric Macleod  
Name of Person

OG 61 LLC  
Firm/Company

PO Box 2222  
Address

Hobe Sound FL 33475  
City/State and Zip Code

og61.bucketlist@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Macleod at ( 772 ) 263 - 1298  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Already paid

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

OGGI 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 4/12/2019 and assigned Florida document number L19000094524.

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)

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:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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	Don Mancil	5701 SW Sunshine Farms Way	<input type="checkbox"/> Add
		Palm City FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Solimine	816 Mosswood Lane E	<input checked="" type="checkbox"/> Add
		Jasper GA 30143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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