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| (Rec | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|--|---|---|
| aun me | Gator Garag | | | |
| SUBJEC | :T: | | ited Liability Company | |
| The encl | osed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspon | ndence concerning this matter | to the following: | |
| | | Maximilian Lautenschlage | r | |
| | | Gator Garage LLC | Name of Person | |
| | | 1854 Bahia Vista St | Firm/Company | |
| | | Sarasota/Florida 34239 | Address | |
| | | Max@gatorgarageLLC.com | | |
| For furth | er information co | E-mail address: (oncerning this matter, please ca | to be used for future annual report notifi all: | cation) |
| Maximil | ian Lautenschlag | ger | 941 726-1942 at () | |
| | Name of | | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | e following amount: | | |
| □ \$25.) | 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:

TO:

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

| Gator Garage LLC (Name of the Limit | ed Liability Comp (A Florida Limited | pany as it now appears on I Liability Company) | our records.) | | - |
|---|---|---|---------------------|---|-------------|
| The Articles of Organization for this Limited L | iability Compan | y were filed on April 10 | 0, 2019 | and | d assigned |
| lorida document number L19000098736 | · | | | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| a. If amending name, enter the new name o | f the limited lia | bility company here: | | | |
| Gator Garage LLC | | | | | |
| he new name must be distinguishable and contain the v | vords "Limited Liab | bility Company," the design | nation "LLC" or | the abbreviatio | n "L.L.C." |
| Inter new principal offices address, if applic | cable: | 2180 9th St Sarasota | FL 34237 | _ | |
| <u>Principal office address MUST BE A STREE</u> | ET ADDRESS) | | | | |
| | | | - | 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - | 3 5 5 |
| Inter new mailing address, if applicable: | | 2180 9th St Sarasota | FL 34237 | | مسمر ک |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | - 1 |
| | | | | | |
| | | | | | ال ع |
| 3. If amending the registered agent and registered agent and/or the new registered or | /or registered ffice address he | office address on ou ere: | r records, <u>e</u> | nter the na | me of the |
| Name of New Registered Agent: | Maximilian L | autenschlager | | | |
| New Registered Office Address: | 2180 9th St | | | | |
| | | Enter Florida s | | | |
| | Sarasota | | , Floric | da ³⁴²³⁷ Zip C | |
| | | City | , | Zip (| 2ode |

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> | Type of Action |
|--------------|---------------------------|----------------------------------|----------------|
| MGR | Maximilian Lautenschlager | 1854 Bahia Vista St 34239 | |
| | | | □ Remove |
| | | | Change |
| AMBR | Paul Lautenschlager | 4018 Olive Ave Sarasota FL 34231 | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
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| | | | □ Change |

| · ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| an eff <u>ote:</u> | ive date, if other than the date of filing: |
| rec The | cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 6 90th day after the record is filed. |
| ated | 6/20/2019 |
| | Multin |
| | Signature of a member or authorized representative of a member |
| | |
| | Max Lautenschlager Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00