## 19000121453

| (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: |
| MAY 2 4 2023                            |

Office Use Only



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08/09/23--01004--002 ++25.00





July 19, 2023

GREG FITZGERALD 253 OSTEGO LLC 5178 OAK HILL RD ROCKFORD, IL 61109 US

SUBJECT: 253 OSTEGO LLC Ref. Number: L19000127453

We have received your document for 253 OSTEGO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 123A00016073



## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

| Division of Cor                               | porations                                       |   |  |  |
|---|---|---|--|--|
|   | EGO LLC   |   |  |  |
| SUBJECT:                                      | Name of Limi                                    | ited Liability Company  |  |  |
|   |   |   | )  |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please return all correspo                    | endence concerning this matter                  | to the following:   |  |  |
|   |   | GREG FITZGERALD   |  |  |
|   |   | Name of Person  |  |  |
|   |   | Firm/Company  |  |  |
| 5178 Oak Hill Rd                              |   |   |  |  |
| Address                                       |   |   |  |  |
| Rockford, IL 61109                            |   |   |  |  |
|   | · · · · · · · · · · · · · · · · · · ·           | City/State and Zip Code   |  |  |
|   |   | fitz5526@aol.com  |  |  |
|   | E-mail address: (                               | to be used for future annual report noti                            | fication)  |  |
| For further information of                    | concerning this matter, please co               | all:  | 1.1<br>  |  |
| Greg Fitzgerald                               |   | at (815) 378  |  |  |
| Name o  | r Person  | Area Code Daytim  | e Telephone Number   |  |
| Enclosed is a check for t                     | he following amount:                            |   |  |  |
| ■ \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>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 Addres                                |   | Street Address:   | ation.   |  |
| Registration Section Division of Corporations |   | Registration Section Division of Corporations                       |  |  |
| P.O. Box 6327                                 |   | The Centre of Tallahassee   |  |  |

RECEIVED MAY 2 4 2023

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EGO LLC  |   |
|--|---|
| pany as it now appears on our record<br>I Liability Company) | <u>is.</u> )  |
| y were filed on <u>5/10/2019</u>                             | and assigned  |
|  |   |
| bility company here:   |   |
| bility Company," the designation "LLC                        | or the abbreviation "L.L.C."  |
| 18484 Narcissus Rd.  | <b>L</b> 3  |
| Fort Myers, FL 33967   | , ببت<br>ببت<br><u>ت</u> ت  |
|  | ,<br>!  |
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|  |   |
| Rockford, IL 61109   |   |
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| e address on our records, <u>enter</u>                       | the name of the new regi  |
|  |   |
| tinier i lorida street addre:                                | SS  |
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| , FI   | orida   |
|  | pany as it now appears on our record deliability Company)  ny were filed on 5/10/2019  ability company here:  bility Company," the designation "LLC 18484 Narcissus Rd. |

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>     | Address              | Type of Action                             |
|--------------|-----------------|----------------------|--|
| MGR          | PETER M. ALBERT | 15 Carrotwood Ct.    |  |
|              |                 | FORT MYERS, FL 33919 | ■Remove                                    |
|              |                 |                      | □Change                                    |
|              | <del></del>     |                      | □Add                                       |
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| ective date, if other than the neffective date is listed, the date must  | date of filing: ////<br>t be specific and cannot b<br>ock does not meet the | e prior to date of filing | or more than 90 days<br>filing requirements. | ptional) after filing.) Pursuant to | o 605.020<br>e listed a |
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Filing Fee: \$25.00