## L19000207499

| (Requestor's Name)                      |
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| (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: |
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Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| CRGK Data                       | LLC                              |  |                         |                                       |
|---------------------------------|----------------------------------|--|-------------------------|---------------------------------------|
| SUBJECT:                        | Name of Limi                     | ted Liability Company  | <u> </u>                |                                       |
|                                 |                                  |  |                         |                                       |
| The enclosed Articles of .      | Amendment and fee(s) are subr    | mitted for filing.   |                         |                                       |
| Please return all correspo      | ndence concerning this matter t  | to the following:  |                         |                                       |
|                                 | Chris Ribe                       |  |                         |                                       |
|                                 |                                  | Name of Person   |                         |                                       |
|                                 | Pancake Logie, LLC               |  |                         |                                       |
|                                 |                                  | Firm/Company   |                         |                                       |
|                                 | 517 NE 8th Ave.                  |  |                         |                                       |
|                                 |                                  | Address  | -                       |                                       |
|                                 | Gainesville FL 32601             |  |                         |                                       |
|                                 | chris@pancakelogic.com           | City/State and Zip Code  | <u></u>                 |                                       |
|                                 | •                                | to be used for future annual report no                           | tification)             | <u> </u>                              |
| For further information e       | oncerning this matter, please ca | all:   |                         |                                       |
| Chris Ribe                      |                                  | 352 213-4456   | •                       |                                       |
| Name o                          | f Person                         | at ()<br>Area Code Daytie  | me Telephone Number     | ··· · · · · · · · · · · · · · · · · · |
| Enclosed is a check for the     | he following amount:             |  |                         |                                       |
|                                 |                                  | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificat<br>Certified | e of Status &                         |
| Mailing Address                 |                                  | Street Address:  | antion                  |                                       |
| Registration :<br>Division of C |                                  | Registration S<br>Division of Co                                 |                         |                                       |
| P.O. Box 632                    |                                  | The Centre of  | Tallahassee             |                                       |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CRGK Data, LLC   |  |
|--|--|
| (Name of the Limited Liability Company as it now<br>(A Florida Limited Liability Con                             | r appears on our records.)<br>mpany)                   |
| The Articles of Organization for this Limited Liability Company were filed Torida document number.  L19000207499 | I on August 14, 2019 and assigned                      |
| his amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability comp  | pany here:   |
| Pancake Logie, LLC   |  |
| The new name must be distinguishable and contain the words "Limited Liability Company                            | y," 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)  |  |
|  |  |
| <del></del>  | 100  |
| 3. If amending the registered agent and/or registered office address or  | n our records, enter the name of the new regis         |
| gent and/or the new registered office address here:  |  |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
| E  | nter Florida street address                            |
|  | , Florida  |
|  | 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 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  |
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| effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or mo  e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records. | (optional) re than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of sfiled.   | n the earlier of: (b) The 90th day after   |
| August 7 2024  |  |
| cd   |  |
|  |  |

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