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2021 JAN 19 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FL

2/26/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Alex Gorgen 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:

Alexander Gorgen

Name of Person

Alex Gorgen LLC

Firm/Company

16003 Hampton Village Dr.

Address

Tampa FL 33618

City/State and Zip Code

APG08c@my.Fsu.Edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Gorgen

Name of Person

at (813)

Area Code

787 3921

Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

2021 JAN 19 AM 11:17

Alex Gorgen LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/15/2020 and assigned
Florida document number 84-4482694-L20000022927

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Alexander Gorgen LLC

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)

16003 Hampton Village Dr.
Tampa FL 33618

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 13, 2021

Signature of a member or authorized representative of a member

Alexander Gorgen
Typed or printed name of signee