## L20000037389

| (Requestor's Name)      |                    |           |
|-------------------------|--------------------|-----------|
| (Address)               |                    |           |
| (Address)               |                    |           |
| (Ci                     | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | e)        |
| (Do                     | ocument Number)    | ·         |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |





900343411739

04/21/20--01009--017 \*\*25.00

2020 AFR 21 PH 4: 09

O SIMMONS MAY 05 2020

## **COVER LETTER**

| Division of Corp            | orations                                     |   |   |
|-----------------------------|--|---|---|
| N8EP, LLC<br>SUBJECT:       |  |   |   |
| John Ci.                    |  | ited Liability Company  |   |
| The enclosed Articles of A  | mendment and fee(s) are sub-                 | mitted for filing.  |   |
| Please return all correspon | dence concerning this matter                 | to the following:   |   |
|                             | Clint Gordon                                 |   |   |
|                             |  | Name of Person  |   |
|                             |  | Firm/Company  | <del></del>   |
|                             | 11711 Pilot Country Driv                     | e   |   |
|                             |  | Address   |   |
|                             | Spring Hill, FL 34610                        |   |   |
|                             | gordonclint04@gmail.con                      | City/State and Zip Code   |   |
|                             | E-mail address: (1                           | to be used for future annual report not                             | fication)   |
| For further information co  | ncerning this matter, please ca              | all:  |   |
| Clint Gordon                |  | 727 364-9665<br>at ( )  |   |
| Name of                     | Person                                       |   | e Telephone Number  |
| Enclosed is a check for the | 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,<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

| N8EP, LLC  | 2020 APR 21 PH 4:  | In                           |
|--|--|------------------------------|
| (Name of the Limited Liability<br>(A Florida Li  | Company as it now appears on our records.) imited Liability Company) | ·:·                          |
| he Articles of Organization for this Limited Liability Con<br>orida document number L20000037389 | npany were filed on 1/31/2020  | and assigned                 |
| nis amendment is submitted to amend the following:   |  |                              |
| . If amending name, enter the new name of the limite   | d liability company here:  |                              |
| he new name must be distinguishable and contain the words "Limited                               | d Liability Company," the designation "LLC" of                       | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   | <del></del>  |                              |
| Principal office address MUST BE A STREET ADDRE  | <u>(SS)</u>  | , <u></u>                    |
|  |  |                              |
|  |  |                              |
| nter new mailing address, if applicable:   |  |                              |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                              |
|  |  |                              |
|  |  |                              |
| 3. If amending the registered agent and/or registered o  | office address on our records, enter th                              | ne name of the new registe   |
| gent and/or the new registered office address here:  |  |                              |
| Name of New Registered Agent:  |  |                              |
| New Registered Office Address:   |  |                              |
|  | Enter Florida street address   |                              |
|  | , Flor   | rida                         |
|  | 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 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 2020 APR 21 PH 4: 10             | Type of Action |
|--------------|-------------------|--|----------------|
| MGR          | JEROMY HARDING    |  | 🗆 Add          |
| •            |                   | 11711 Pilot Country dr Spring Hill 34610 | = Remove       |
|              |                   |  | □ Change       |
| MGR          | Jimmey Wayne Todd | 4863 W Prescott St Tampa, FL 33616       | <b>=</b> Add   |
|              |                   |  | □Remove        |
|              |                   |  | □ Change       |
|              |                   |  | □ Add          |
|              |                   | <del></del>                              | □Remove        |
|              |                   | <del></del>                              | □Change        |
|              |                   |  | DAdd           |
|              |                   |  | □Remove        |
|              |                   |  | □Change        |
|              |                   |  | □Add           |
|              |                   | <del></del>                              | □Remove        |
|              |                   | <del></del>                              | □Change        |
| <del></del>  |                   |  | □Add           |
|              |                   |  | □Remove        |
|              |                   |  | □Change        |

|  | 2020 APR 21 PH 4: 10   |
|--|--|
|  |  |
|  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |
|  |  |
|  |  |
|  |  |
|  | ······································   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | <u> </u>   |
|  |  |
|  |  |
|  |  |
|  |  |
| Effective date, if other than the date of filing f an effective date is listed, the date must be specific and Note: If the date inserted in this block does not n document's effective date on the Department of S | d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (meet the applicable statutory filing requirements, this date will not be listed as t |
| e record specifies a delayed effective date, but not d is filed.   | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| April 15<br>Dated  | 2020   |
| 1.1  |  |
| Signature of a   | member or authorized representative of a member  |
| _  | •  |
| Clint Gordon   | Typed or printed name of signee  |