120000244286

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COVER LETTER

TO:				
		SITEGAUG	GE, LLC	
SUBJE	CT:	Name of Lim	nited Liability Company	_
SITEGAUGE, 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: BRIAN HORINE				
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		BRIAN HORINE		
			Name of Person	
			Firm/Company	
SUBJECT: SITEGAUGE, 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: BRIAN HORINE Name of Person Firmi-Company 1501 DOLGNER PLACE Address SANFORD, FL 32771 City/State and Zip Code ACCOUNTING@CFLSS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHEA MASON SHEA MASON Name of Person Area Code Certificat of Status Certified Copy (additional ony) is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
		SANFORD, FL 32771	Address	
City/State and Zip Code				
		-		
For furth	her information c		•	
SHEA S	MASON			
	Name o	f Person	Area Code Daytime Telephone Nu	ımber
Enclose	d is a check for th	ne following amount:		
≡ \$25	.00 Filing Fee		Certified Copy Cert (additional copy is enclosed) Cert	tificate of Status & littled Copy
	-		-	
	Tallahassee, FL 32314		2415 N. Monroe Street, Sur	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT | ED TO ARTICLES OF ORGANIZATION 8 AM 7: 52

SITEGAUGE, LLC

SECRETARY OF STATE TALLAHASSEE, FL

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

(A Florida Limited Liability Company)

(A Florida Limi	ned Liability Company)				
The Articles of Organization for this Limited Liability Comp.	any were filed on 8/11/202	0 and assigned			
Florida document number L20000244286					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	liability company here:				
SURESENSOR, LL	C				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	2				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
intering warress milit be it is of it is bory					
B. If amending the registered agent and/or registered offi	ice address on our record	s, enter the name of the new register			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida str	eet address			
· · · · · · · · · · · · · · · · · · ·		, Florida Zip Code			
	·	Zip Code			
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>				
I hereby accept the appointment as registered agent and a	•	, ,			
provisions of all statutes relative to the proper and compl					
accept the obligations of my position as registered agent	as provided for in Chapt	er 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
			□Add
			Change
			[J]Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Remove
			□Change

Effective date, if other than the date of filing: [Optional] If one effective date is listed, the date must be specific and come be prior to date of filing or more than 90 days after filing Pursuant to 695,0007 (Note: If the date inserted in this block does not ment the applicable statistory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rel is filed. APRIL 3 2022 Signature of a member or authorized representative of a member BRIAN HORNIE		
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the ord is filed. Dated APRIL 3 Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	APRIL 3 . 2022 .
BRIAN HORINE		Signature of a member or authorized representative of a member
		BRIAN HORINE

Filing Fee: \$25.00