Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000373593 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

26	To:	Division of Corporations Fax Number : (850)617-6383	SECA	2021	
2021 OCT -6 AM 9:	From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	RETARY OF STATE AHASSEE, FLORID	0CT-6 PH 3:2	FILED
20	ente: the entermoler Email Ad	mail address for this business entity to be used for futur report mailings. Enter only one email address please.** dress:	e≯	7	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUGMENTA MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section **Division of Corporations**

Augmenta Management 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:

Morgan Noble	
Name of Person	
Northwest Registered Agent LL	_C
Firm/Company	
7901 4th St N STE 300	
Address	•
St. Petersburg FL 33702	
City/State and Zip Code	
·	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

I om Glover	
Name of Person	

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) S60.00 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

021 OCT -6 PM (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Augmenta Management	LLC	
(Name of the Limite	d Liability Company as it now appears on our record A Florida Limited Liability Company)	TATE ORID
The Articles of Organization for this Limited Lia Florida document number L21000056471		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREE?	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
		
B. If amending the registered agent and/or re agent and/or the new registered office addres	egistered office address on our records, <u>enter</u> <u>s here</u> :	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	25
	, Fl	lorida
	Cuy	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

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

Title	<u>Name</u>	Address	Type of Action
MGR	CAN1 CORP.	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	□ Rетюче
			Change
			□ Add
			□Remove
			□Change '
			□Add
			□Remove
			□ Change
·			□Add
			□Remove
			Change
			□Add
	•		□Remove
			☐ Change
		<u> </u>	□Add
			⊟Remove
			Change

	l		
			.
,			
C. Effective date, if other than the date (If an effective date is listed, the date must be spended). If the date inserted in this block do document's effective date on the Department.	es not meet the applicable statutory to	(optional) r more than 90 days after filing.) Pursus lling requirements, this date will no	ant to 605.0207 (3)(b) ot be listed as the
the record specifies a delayed effective date, ecord is filed.		n, on the earlier of: (b) The 90th	day after the
Dated October 4			 1
Signat	ure of a member or authorized representa	tive of a member	2021 C SECR ALLAI
Iliad Niaraki As	sli		2021 OCT -6 PASECRETARY OF
iliad Niaraki As	Typed or printed name of signe	e	-6 PM 3: RY OF STAI SEE, FLOR

Filing Fee: \$25.00

÷