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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: BOO	Name of Lin	e CC · · ·	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Deremi	Name of Person	
	Jerem, ah	Boton + Co. Co	mnercial Real Estate de
-	49 8W F	Tayler Ave. Si	vit 381
		City/State and Zip Code	
_	E-mail address: (to be used for future annual report notification	estate 11 c. com ation)
For further information conce	rning this matter, please c	all:	
Same of Per	Baron	at (772) 296- Area Code Daytime T	GOBI
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee	3 S30.00 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)
<u>Mailing Address:</u> Registration Sect		Street Address: Registration Secti	
Division of Corpo P.O. Box 6327	orations	Division of Corpo The Centre of Tal	
Tallahassee, FL 3	2314	2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goron D	ixle LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number L2100008	sability Company were filed on $2-19-2021$ and assigned 3445.7
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T 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 reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registere</u> s here:
Name of New Registered Agent:	Jeremiah Boron
New Registered Office Address:	49 SW Flagler Ave, Suit 301 Eder Florida street address
	Teremiah Baron 49 SW Flagler Ave. Suit 301 Eder Florida street address Stuart City Florida 34994 Zip.Code
New Registered Agent's Signature, if changing Re	
provisions of all statutes relative to the proper accept the obligations of my position as regist	l agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is egistered office address. I hereby confirm that the limited liability hange.

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
AR	matthew Kablegard	49 FW Flagter Ave Suit 301, Stuart, FL	□Add
		Suit 301, Stuart, FL	Remove
		34994	□Change
			□ Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

(If an ef Note:	tive date, if other than the date of filing: [Coptional] [Tective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	August (5th). 2021.
	Signature of a member or authorized representative of a member

ETT E 035.00