## 121000203914

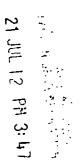
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## **COVER LETTER**

TO: Re Di	gistration S vision of Co	Section Orporations				
SUBJECT:	Gator Eml	broidery				
		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are	Submitted for filing			
		ondence concerning this mat				
		Michael S Milligan	١			
			Name of Person			
		Gator Embroidery				
			Firm/Company			
		2839 Dalhart Ave				
			Address			
		North Port, FL 34286				
		mdjmilligan@hotmail.con	City/State and Zip Code			
		_	(to be used for future annual report not	itication		
For further infe	ormation cor	ncerning this matter, please (	call:	meation)		
Michael Millig		•				
<del></del>			at ()			
	Name of I	Person	Area Code Daytim	e Telephone Number		
Enclosed is a ch	eck for the	following amount:				
		□ \$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 tadditional copy is enclosed)		
Regist Divisio P.O. B	Address: ration Secon of Corpox 6327 assee, FL	oorations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Gator Embroidery

21 JUL 12 PH 3: 47

( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L21000203914	tu Commun. 5121
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	
he new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	or the abbreviation "L.L.C."
Principal office address MUST BE A STREET ADL	DRESS
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or was:	
ent and/or the new registered office address here:	ed office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
w Registered Agent's Signature if about 17	City . Florida 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 =	<b>Authorized Member</b>

	: : ·	4.15
 ,4 <sub>1</sub>	Acht.	- 12 m

<u>Title</u>	Name	Address 21 JUL 12 PH 3: 47	Type of Action
AMBR 	Debora J Milligan	2839 Dalhart Aver North Port, FL 34286	□Add
			□Remove
AMBR	Michael S Milligan		<b>■</b> Change
		2839 Dalhart Aver North Port, FL 34286	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	21 JUL 12 PH 3: 47
·	
Note: If the date inserted in the	the date of filing:
the record specifies a delayed eff cord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 6	. 2021
mich	all 5 Millight Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Michael S Milligan	
<u> </u>	Typed or printed name of signee

Filing Fee: \$25.00