K22000043320

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y. SCOTT MAR - 1 2022

COVER LETTER

TO: Registration So Division of Cor					
Amerigatio	on LLC			4	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	* 11 1 1 1 1 Z	<u>. </u>		
	Name of Lin	iited Liability Company			
		•			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Theodore J Rajter				
		Name of Person		.	
		Firm/Company			
	1093 Egret Lake Way			පම	202
		Address			2 FEB
	Melbourne FL 32940			AHA	5 F
		City/State and Zip Code		.338E.	
	tjrajter@gmail.com				PM 3: 07
		to be used for future annual rep	ort notification)		07
For further information c	oncerning this matter, please c	all:			
Theodore J Rajter		321 961-5 at ()	998		
Name o	t Person		Daytime Telepho	ne Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (adultional copy is enclose		\$60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
Mailing Address		Street Addr			
Registration : Division of C		_	on Section of Corporation	ns	
P.O. Box 632	-		e of Tallahas		
Tallahassee,	FL 32314	2415 N. N	Aonroe Street	, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amerigation LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	ny were tiled on 1/20/2022	and assigned
lorida document number L22000043320		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address here:	ASSEE, FL	\$ 3: 3
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
•	, Florid	aZip 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>	Name	Address	Type of Action
MMGR	Theodore J Rajter		□Add
		1093 Egret Lake Way, Melbourne 32940	■Remove
			©Change
MGR	Theodore J Rajter	1093 Egret Lake Way, Melbourne 32940	\equiv A dd
			[□ Remove
		TAL.	□Change 2022 F □ Add □
		AHASSEE SEE	© Kemove
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			Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.02
ument's effective date on the Department of State's records.	ing requirements, this date will not be fisted to
ed February 14th , 2022.	i, on the earlier of: (b) The 90th day after th
21141 22	
ed February 197 . 2022.	
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