Fax: 2083295246

Division of Corporations

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.

(((H23000366433 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IMRGOE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

10/19/2023 13/31:54 PDT To: 18506176383 Page. 2/4 From: Registered Agents Inc Fex: 2083295246

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMRGOE LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) htty Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on 09/25/2023 and assigned	
lorida document number L23000443423		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
.mrgoe LLC		
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	26	
_		
	<del>-</del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	OX)	
	.3	
····	<del>ن</del>	
<ol> <li>If amending the registered agent and/or registered office addragent and/or the new registered office address here:</li> </ol>	ress on our records, <u>enter the name of the new regist</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> -</u>	Florida	
<del></del>	City 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.

10/19/2023 13 31:54 PDT

To: 18506176383

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From: Registered Agents Inc.

Fax: 2083295246

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
			□Add
			□Remove
			□Change
			□Add
			☐ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

D. If amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del></del>	<del></del>
		<del></del>
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur block does not meet the applicable statutory filing requirements, this date will	rsuant to 605,0207 (3)(0 not be listed as the
If the record specifies a delayed effective record is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	Oth day after the
Dated October 19	. 2023	
	Signature of a member or authorized representative of a member	
	Nat Smith Typed or printed name of signee	