6/26/24, 3:43 PM

Division of Corporation Mine Cover

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.

(((H24000220835 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KOONTZ & ASSOCIATES, PL

Account Number : I20220000183 Phone : (941)225-2615

Fax Number : (941)951-2618

\*\*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 KOREY MCGEE LLC

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

T. LEMIEUX

HelpJUN 2 7 2024

Electronic Filing Menu

Corporate Filing Menu

H24000220835 3

TO: Registration So Division of Cor			•		
· ·	CGEE LLC				
SUBJECT:  Name of Limited 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:			
1.00 mm = 1.00 m	JACQUELINE M. DURH	AM, ESQ.			
	KOONTZ & ASSOCIATI	ES, PL			
1.3 13		Firm/Company			
	1613 FRUITVILLE RD.				
		Address	<del></del>		
	SARASOTA, FL 34236				
		City/State and Zip Code			
filter	E-mail address:	to be used for future annual report no	ification)		
For further information c	oncerning this matter, please c				
JACQUELINEM. DUR	HAM, ESO.	941 225-2615			
Name of Person		at ( )	ne Telephone Number		
			•		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30,00 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)		
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee.	FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

06/26/2024 .. 03/58 PM T0:18505176383 FROM:9412957954

Bin Tree.

15/27

1.0

Page: 3

## DocuSign Envelope ID: 007085C7-EA71-497A-B8C9-B215334CF0C9 ARTICLES OF AMENDMENT TO

H24000220835 3

# ARTICLES OF ORGANIZATION

t.n.	ART		ORGANIZATION OF	
$i\underline{T}_{i}$			· •	
	KOREY MCGEE LLC			
	. (Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
	rticles of Organization for this Limited 1 a document number $\frac{1.24000233572}{1.24000233572}$	Liability Company	were filed on MAY 16, 2024	and assigned
This a	mendment is submitted to amend the fol	lowing:		
AE If	amending name, enter the new name o	of the limited liah	ility company here:	
N/A	•			
The nev	v name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter	new principal offices address, if appli-	cable:	N/A	•
	ipal office address MUST BE A STREI			
`.	,			
Enter	new mailing address, if applicable:		N/A	··
(Maili	ng address MAY BE A POST OFFICE	BOX		<u>=:</u>
				722
	to ne			
	amending the registered agent and/or and/or and/or the new registered office addre		address on our records, <u>enter the n</u>	ame of the new registered
P.				
•	Name of New Registered Agent:	N/A		<u> မ</u> မ ပ
, 1	New Registered Office Address:			00
	Non hegistera Office riddress.		Enter Florida street address	3
			Florida	
			City	Zip Code
New R	egistered Agent's Signature, if changing	Registered Agent:		
provis accept being	by accept the appointment as register ions of all statutes relative to the prop t the obligations of my position as reg filed to merely reflect a change in the my has been notified in writing of this	per and complete istered agent as <sub>l</sub> registered office	performance of my duties, and I a provided for in Chapter 605, F.S. (	m familiar with and Or, if this document is
The	. <i>\usuperstanding</i>			
и <sup>4</sup> ев :		If Cha	nging Registered Agent, <u>Signature of New</u>	Registered Agent

06/26/2024 03:58 PM T0:18506176383 FROM:9412957954

Page: 4

DocuSign Envelope ID: 007D85C7-EA71-497A-B8C9-B215334CF0C9
11 amenting Authorized rerson(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

H24000220835-3

MGR = Manager AMBR = Authorized Member

١.,

Title Name <u>Address</u> Type of Action  $\nabla P$ DAVID TSANG 3850 ANCHUCA DR.  $\Box$   $\Box$   $\mathsf{Add}$ STE. 14 Remove LAKELAND, FL 33811 \_ 🗆 Add 177 \_ ⊟Remove □Remove \_\_\_\_ Change  $\gamma^\alpha$ \_ □Remove  $1/4^{\ell}$ \_\_\_\_ □Change □Add d' □Remove \_ □Change □Add  $\mathbf{n}^{[n]}$ □Remove .5<u>{</u>26 \_ 🗆 Change

H24000220835 3

DocuSign Envelope ID: 007D85C7-EA71-497A-B8C9-B215334CF0C9

#### H24000220835 3

<u> </u>		
•		
		<del></del>
·		
•		
		<del>-</del>
	A CONTRACTOR OF THE CONTRACTOR	<del></del>
		<del>.</del>
		_
	***	<del></del>
	And the second s	
ective date, if other than the	e date of filing:  ist be specific and cannot be prior to date of filing or more than 90 da	_ (optional) ass after filing ) Pursuant to 605 0207
e: If the date inserted in this	lock does not meet the applicable statutory filing requireme	ents, this date will not be listed as
	Department of State's records.	
i i i		
cord specifies a delayed effect	ve date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
s filed. O		
JUNE 11	2024	
Deriving need by		
Charlespance (	Signature of a member or authorized representative of a member	
KOREY A. MCGEE		
	Typed or printed name of signee	1