L04 00007 4785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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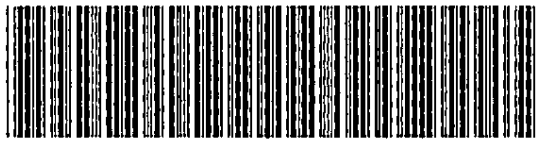

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10/26/20--01029--025 **25.00

O SIMMONS

DEC 08 2020

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000074785

1 Limited Liability Company s Name
G&F LLC

700354282117
10/26/20--01029--026 **1626.25

CR2EC41 (1/14)

2 Principal Office Address - No P O Box #	3 Mailing Office Address
10455 Overseas Highway	10455 Overseas Highway
Suite Apt # etc	Suite, Apt #, etc
City & State: Marathon, Florida	City & State: Marathon, Florida
Zip: 33050 / Country: Monroe	Zip: 33050 / Country: County

4 State/Country of Formation: Florida, USA

5 Date Organized or Qualified To Do Business in Florida: October 15, 2004

6 FEI Number: 20-1758484 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8 **Name and Address of Current Registered Agent**

Name: Ronald B. Freeman

Street Address (P O Box Number is Not Acceptable) Suite: 10455 Overseas Highway

Apt #, Etc

City: Marathon | State: FL | Zip Code: 33050

9 I, being appc ... limited liability company, am familiar with and accept the obligations of Chapter 605, F S

Signature of Registered Agent _____ Date October 22, 2020

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Ronald B. Freeman	10455 Overseas Highway	Marathon, Florida 33050

O SIMMONS
DEC 08 2020

11 E-mail Address: freemanauto@hotmail.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F S I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605 0012, F S , and that all fees owed by the limited liability company have been paid The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F S

Signature of authorized representative/member _____ Date 10/22/20 Daytime Phone # 305-942-1565

Typed or printed name of signing authorized representative/member _____

LAW OFFICES
RICHARD E. WARNER, P.A.
12221 OVERSEAS HIGHWAY
P.O. BOX 501317
MARATHON, FLORIDA 33050-1317
305/743-6022
FAX: 305/743-6216

RICHARD E. WARNER, ESQ.
FELLOW- AMERICAN COLLEGE
OF TRUST AND ESTATE COUNSEL

E-MAIL: richard@rewarnerlaw.com

October 22, 2020
Via Priority Mail USPS

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: G&F LLC - reinstatement and amendment for name change
New name: G&F Successor LLC

Dear Division:

This firm is legal counsel for the above LLC entity which needs to be reinstated and at the same time as that done by amending the name of this LLC. The LLC was dissolved on September 24, 2010.

We are enclosing "on division forms" the signed Cover Letter and signed Amendment changing the name of this LLC to the following: *G&F Successor LLC* We are enclosing our check to the Florida Department of State in the amount of $25.00 for the filing of this amendment changing name.

We are also enclosing the signed Reinstatement form for reinstating this LLC under its new name. We are enclosing our check to the Florida Department of State in the amount of $1,626.25, for the reinstatement fees required.

Please file and process these as soon as possible. If you need any additional information, please contact the undersigned.

Very truly yours,

Richard E. Warner Esq

cc: Ronald B. Freeman, Mgr
encls.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: G&F LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald B. Freeman
Name of Person

G&F LLC
Firm/Company

10455 Overseas Highway
Address

Marathon, Florida 33050
City/State and Zip Code

freemanauto@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard E. Warner Esq. attorney, at (305) 743-6022
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

G&F LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 15, 2004 and assigned Florida document number L04000074785.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

G&F Successor LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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

OCT 23 PM 1:39

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

OCT 22 PM 1:39

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 22, 2020.

Signature of a member or authorized representative of a member

Ronald B. Freeman

Typed or printed name of signee

Filing Fee: $25.00