

L2400005551a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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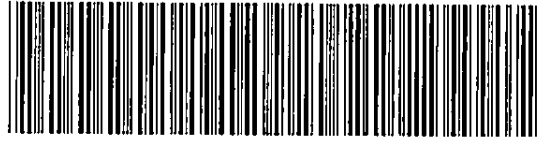
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

2024 MAY 14 AM 9:03  
2024 MAY 14 PM 1:02

FILED RECEIVED



Attorneys and Counselors at Law  
123 South Calhoun Street  
P.O. Box 391 32302  
Tallahassee, FL 32301  
P: (850) 224-9115  
F: (850) 222-7560  
[ausley.com](http://ausley.com)

May 9, 2024

**VIA HAND-DELIVERY**  
**(please return via USPS)**

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St  
Suite 810  
Tallahassee, FL 32303

**Re: Filing of Amendment to Articles of Organization**  
**Act Deux, LLC >> No Gap, LLC.**

Dear Regulatory Specialist for the Florida Division of Corporations:

Enclosed please find Articles of Amendment to Articles of Organization of Act Deux, LLC for filing and processing plus copies for date stamp. A check in the amount of \$25 to cover the fee is also provided.

I have also enclosed a self-addressed stamped envelope so any document issued under this matter can be mailed back to us.

Please do not hesitate to contact me regarding this filing should you have any questions.

Sincerely,

/s/ Maura Anderson  
Paralegal at Ausley & McMullen  
[manderson@ausley.com](mailto:manderson@ausley.com)  
(850) 425-5350

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Act Deux, 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:

Sarah S. Butters, Esq.  
\_\_\_\_\_  
Name of Person

Ausler & McMullen, P.A.  
\_\_\_\_\_  
Firm/Company

123 South Calhoun Street  
\_\_\_\_\_  
Address

Tallahassee, FL 32301  
\_\_\_\_\_  
City/State and Zip Code

sbutters@ausley.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah S. Butters  
\_\_\_\_\_  
Name of Person

850 425-5447  
at (\_\_\_\_\_) \_\_\_\_\_  
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**

**FILED**

2024 MAY 14 AM 9:03

Act Deux, LLC

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 30, 2024 and assigned Florida document number L24000055512.

This amendment is submitted to amend the following:

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

No Gaps, 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*

\_\_\_\_\_, Florida \_\_\_\_\_

*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.*

\_\_\_\_\_  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vinit K. Asar, Trustee	108 Dawn River Cove. Austin TX 78732	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tracy L. Asar, Trustee	108 Dawn River Cove. Austin TX 78732	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vinit K. Asar	108 Dawn River Cove. Austin TX 78732	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tracy L. Asar	108 Dawn River Cove. Austin TX 78732	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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2024 MAY 14 AM 9:08  
TALLAHASSEE, FLORIDA

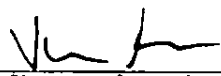
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 05 / 09 2024



Signature of a member or authorized representative of a member

VINIT AGAR

Typed or printed name of signee

Filing Fee: \$25.00