

W1000013707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

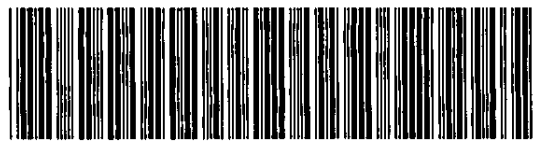
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gillespie Storage 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:

Terry L. Fine
Name of Person

Gillespie Storage LLC
Firm/Company

7497 W Country Club Dr. N
Address

Sarasota, Florida 34243
City/State and Zip Code

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

For further information concerning this matter, please call:

Terry Fine at (**941**) **355-6300 ext 1**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 8/13/2002 and assigned Florida document number L01000013707.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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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: _____

7497 W Country Club Drive N

Enter Florida street address

Sarasota

City

, Florida 34243

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>Richard Villwock</u>	<u>8731 52nd. Ave. East</u> <u>Bradenton, Florida 34211</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgrm</u>	<u>Sandra Villwock as Trustee of Sandra Villwock Trust</u>	<u>7497 W Country Club Drive N</u> <u>Sarasota, Florida 34243</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mgrm</u>	<u>Paula Patecky</u>	<u>1770 N Tamiami Trail</u> <u>Sarasota, Florida 34236</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Virginia Fine</u>	<u>7497 W Country Club Dr.</u> <u>Sarasota, Florida 34243</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove

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 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF SARASOTA
 FLORIDA

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

Dated 10-28-13

Terry L. Fine

Signature of a member or authorized representative of a member

TERRY L. FINE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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