

L08000062249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTIONS TO DOCUMENT

PER CONVERSATION WITH

CHARLES NOFAL 12/15/2015 KS

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 15 PM 6:33

FILED

K. SALY
EXAMINER
DEC 15 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2015

CHARLES EDWARD GIFTS AND DECOR, LLC
CHARLES E NOFAL
P.O. BOX 23803
JACKSONVILLE, FL 32241

SUBJECT: CHARLES EDWARD GIFTS AND DECOR, LLC
Ref. Number: L08000062249

We have received your document for CHARLES EDWARD GIFTS AND DECOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 115A00024503

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHARLES EDWARD GIFTS AND DECOR, 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:

CHARLES E. NOFAL

Name of Person

CHARLES EDWARD GIFTS AND DECOR, LLC

Firm/Company

P.O. BOX 23803

Address

JACKSONVILLE, FL 32241

City/State and Zip Code

BUY@GAMEROOMSHOW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES E. NOFAL

904

651-5947

at ()

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)

*We already have a
\$30 credit on file.
Refunded*

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CHARLES EDWARD GIFTS AND DECOR, LLC

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

FILED
2015 DEC 15 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 25, 2008 and assigned
Florida document number L08000062249.

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 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)

405 Fortuna Avenue

St. Augustine, FL 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 23803

JACKSONVILLE, FL 32241

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:

Charles E. Nofal

New Registered Office Address:

405 FORTUNA AVE.

Enter Florida street address

St. Augustine

City

Florida 32084

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>
AMBR	CHARLES E. NOFAL	P.O. BOX 23803 JACKSONVILLE, FL 32241	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Charles E. Nofal should NOT be removed as Manager. We are also adding him as Authorized Member.

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20 DEC 15 PM 6:33
CLERK OF COURT
JACKSONVILLE
FLORIDA

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

The organization of CHARLES EDWARD GIFTS AND DECOR, LLC is a single-member,
manager-managed, limited liability company.

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2015 DEC 15 PM 6:34
CLERK OF STATE
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 November 1, 2015



Signature of a member or authorized representative of a member

CHARLES E. NOFAL

Typed or printed name of signee