

W09000030679

(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:

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FILED
TALLAHASSEE, FLORIDA

15 APR 21 PM 2:06

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APR 22 2015
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2015

JARAD BOWENS
2632 NW 43RD ST #2130
GAINESVILLE, FL 32606

SUBJECT: G-NYS ENTERTAINMENT LLC
Ref. Number: L09000030679

We have received your document for G-NYS ENTERTAINMENT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 715A00005288

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: G-nys Entertainment 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:

JARAD BOWENS
Name of Person

Genius Enterprises
Firm/Company

5722 SW 85th St.
Address

Gainesville, FL 32608
City/State and Zip Code

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

For further information concerning this matter, please call:

JARAD BOWENS at (352) 678-7030
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) |
|---|--|--|--|

** check marked with another rejected filing
Please advise if additional funds needed*

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

G-VYS Entertainment LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
15 APR 21 PM 2:06
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/30/2009 and assigned Florida document number 709000030679

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2638 NW 49th St
Gainesville, FL 32606
Unit 2130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5722 SW 85th St
Gainesville, FL 32608

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

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☐ Add

☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/14/15

Signature of a member or authorized representative of a member

JARAD BOWERS

Typed or printed name of signee