

1090000067210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

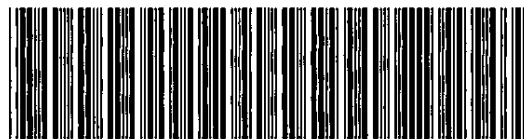
(Business Entity Name)

(Document Number)

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FILED
17 MAY 19 AM 2:02
TALLAHASSEE, FLORIDA

MAY 19 2017

Y SULKER

Michael J. Duranceau, CPA, LLC

Certified Public Accountant

May 16, 2017

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

Name of Organization: GPS Auto & Equipment Solutions, LLC
Document Number: L09000067210

Dear Sir or Madam:

The enclosed Articles of Amendment are submitted for filing.

Please return all correspondence concerning this matter to the attention:

Lisa Peterson
LJP Enterprises, LLC
957 Grayling Ct #B
Port Orange, FL 32127

If you have any questions concerning this matter, please do not hesitate to contact me.

Respectfully yours,



Michael J. Duranceau, CPA

Enclosures

Cc: Lisa Peterson

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GPS AUTO AND EQUIPMENT SOLUTIONS, 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:

LISA PETERSON

Name of Person

LJP ENTERPRISES, LLC

Firm/Company

957 GRAYLING CT #B

Address

PORT ORANGE, FL 32127

City/State and Zip Code

LISAPETE1208@GMAIL.COM

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

For further information concerning this matter, please call:

LISA PETERSON

386 846-7334

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

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>
			<input type="checkbox"/> Add
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 10:10 AM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 MAY 1962 AM 0852
ALABAMA STATE DNR

E. Effective date, if other than the date of filing: MAY 16, 2017 (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 MAY 16, 2017

_____, _____


 Signature of a member or authorized representative of a member

LISA PETERSON

Typed or printed name of signee