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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corpora					
SUBJECT:	Gowland's Grocery Service LLC Name of Limited Liability Company				
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.				
Please return all corresponden	nce concerning this matter to the following:				
_	Bonnie Carolyn Gouland				
· <b></b> -	Goulard's Grocery Service LLCFE	n.			
_	Bonnie Carolyn Gouland  Name of Person  Gouland's Groceny Service MC PEC PERSON  Firm/Company  1138 S.E. 144 Ave.  Address  Ocala, H. 34471  City/State and Zip Code	=			
_	Ocala, H. 34471  City/State and Zip Code	コ			
_	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
Bornie Can Name of Per	son Gouland at (352) \$\frac{425-6009}{\text{Area Code & Daytime Telephone Number}}				
Enclosed is a check for the fo	llowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GROCERY SORVI	
(Name of the Limited Liability (A Florida)	Company as it now appears on our r Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on	mbee 2, 2009 and assigned
Florida document number <u>L09000115143</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	2010 FEI SECRE
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the de	· m <sup>2</sup> ω m
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	ORIDE OF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	······································	
	Enter Florid	la 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 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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Kyle Douglas Gouland 2707 N.E. 19th Ave. Add

Ocala, Al. 34470 Premove ☐ Add Remove Add 🔲 □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The only change is to take off the Name of Kyle Douglas Gouland. He does not want to be a managing partner of the bisiness. Dated <u>Feb.</u> . 2010 . Signature of a member or authorized representative of a member Bonnie Carolyn Goulard
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**