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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

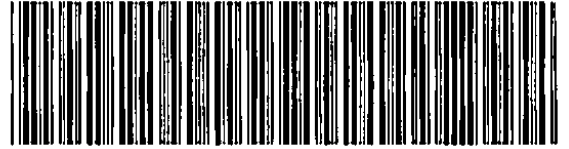
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE

LA
12/17/20

**TO: Registration Section
Division of Corporations**

SUBJECT: GET LOADED, 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:

Philip S. Karle, Esquire

Name of Person

Abeles & Karle, PLLC

Firm/Company

5 W Highbanks Road

Address

DeBary, Florida 32713

City/State and Zip Code

philip@aklawfla.com

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

For further information concerning this matter, please call:

Philip S. Karle

386

668-8511

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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

GET LOADED, LLC

(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 01/16/2013 and assigned
Florida document number L10000026495.

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 "LL

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent: ARIEL CARABALLO

New Registered Office Address: 1104 SHADICK DRIVE
Enter Florida street address

ORANGE CITY, Florida 32763
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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGRM	KEVIN SINNETT	283 Adelaide St	<input type="checkbox"/> Add
		DeBary, Florida 32713	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Chan
MGRM	ARIEL CARABALLO	1104 Shadick Dr	<input checked="" type="checkbox"/> Add
		Orange City, Florida 32763	<input type="checkbox"/> Remo
			<input type="checkbox"/> Chan
AMBR	JOHN FLETCHER		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remo
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E. Effective date, if other than the date of filing: 11/09/2020 (optional)

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.

Dated November 9, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00