

L12000081069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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7/11/12
12 AUG 17 AM 10:12
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gonslves Property-1 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:

Margaret Gonslves

Name of Person

Firm/Company

6172 Chagrin Highlands Drive

Address

Solon, OH 44139

City/State and Zip Code

marg_gonslves@yahoo.com

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

For further information concerning this matter, please call:

Margaret Gonslves

Name of Person

at (440)

349-4930

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

RECEIVED
TALLAHASSEE, FLORIDA
12 AUG 17 AM 10:12

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

Gonsalves Property-1 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 June 19, 2012 and assigned
Florida document number L12000081069.

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 end with 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)

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgrm</u>	<u>Gonsalves Holdings LLC</u>	<u>450 N. Federal Highway, Unit PH08</u> <u>Boynton Beach, FL 33435</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Mrs</u>	<u>Margaret Gonsalves</u>	<u>6172 Chagrin Highlands Drive</u> <u>Solon, OH 44139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Mr.</u>	<u>Frank Gonsalves</u>	<u>6172 Chagrin Highlands Drive</u> <u>Solon, OH 44139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 3, 2012

M. Gonsalves

Signature of a member or authorized representative of a member

Margaret Gonsalves

Typed or printed name of signee

FILED
12 AUG 17 AM 10:12
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

MARGARET GONSALVES
6172 CHAGRIN HIGHLANDS DRIVE
OLON, OH 44139

SUBJECT: GONSALVES PROPERTY-1 LLC
Ref. Number: L12000081069

We have received your document for GONSALVES PROPERTY-1 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 912A00020587

12 AUG 17 AM 10:12
TALLAHASSEE, FLORIDA