

LI2000 127 579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

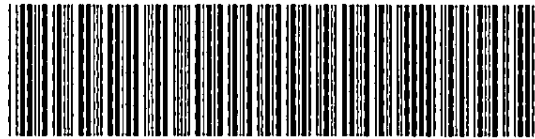
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 OCT 24 PM 10:31
TALLAHASSEE, FLORIDA

OCT 25 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2019

GEORGE H WOJTKIEWICZ
GHW ASSOCIATES LLC
4667 BLUE HERON CIRCLE
NORTH PORT, FL 34287

SUBJECT: GHW ASSOCIATES LLC
Ref. Number: L12000127579

We have received your document for GHW ASSOCIATES 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):

ONLY PAGE 1 OF 3 RECEIVED, COMPLETE APPLICATION MUST BE RECEIVED

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 919A00021255

2019 OCT 24 10:10:17

10-22-19

I have attempted to complete the application as well as I can.

Geo. Wojtkiewicz

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHW ASSOCIATES 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:

George H. Wojtkiewicz
Name of Person

GHW ASSOCIATES LLC
Firm/Company

4667 Blue Heron Circle
Address

North Port, FL 34287
City/State and Zip Code

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

For further information concerning this matter, please call:

George H. Wojtkiewicz at (941) 625-4293
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee PAID ☐ \$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

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

GHW ASSOCIATES 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 Oct. 4, 2012 and assigned
Florida document number L12000127579

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4667 Blue Hevon Circle
North Port, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4667 Blue Hevon Circle
North Port, FL 34287

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:

no change

New Registered Office Address:

4667 Blue Hevon Circle

Enter Florida street address

North Port

City

Florida

34287

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

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being 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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

no changes

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

no other information is being changed

E. Effective date, if other than the date of filing: _____ (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 October 22, 2019

George H. Wojtkiewicz

Signature of a member or authorized representative of a member

George H. Wojtkiewicz

Typed or printed name of signer