

L12000128423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 15 2012

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GONZO SUPPLY 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:

RONALD GONZALEZ

Name of Person

GONZO SUPPLY & SERVICE LLC

Firm/Company

5975 NW 200TH ST

Address

MIAMI, FL 33015

City/State and Zip Code

GonzoSupply@yahoo.com

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

For further information concerning this matter, please call:

RONALD GONZALEZ

Name of Person

at **(305) 684-4562**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GONZO SUPPLY 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 10/18/12 and assigned Florida document number L12000128423.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GONZO SUPPLY & SERVICE LLC

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)

RONALD GONZALEZ

5975 NW 200TH ST

MIAMI, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RONALD GONZALEZ

5975 NW 200TH ST

MIAMI, FL 33015

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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:

RONALD GONZALEZ

New Registered Office Address:

5975 NW 200TH ST

Enter Florida street address

MIAMI

City

Florida 33015

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>
MGR	RONALD GONZALEZ	5975 NW 200TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33015	<input type="checkbox"/> Remove
MGR	FELIX GONZALEZ	5975 NW 200TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33015	<input checked="" type="checkbox"/> Remove
MGR	RONALD GONZALEZ	5975 NW 200TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

Dated FEBRUARY 10, 2013.



Signature of a member or authorized representative of a member

RONALD GONZALEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA