

L12000143146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

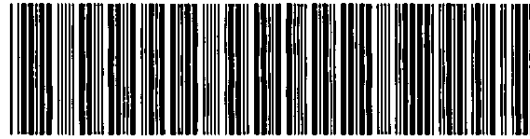
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N Gulligan OCT 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAB MANAGEMENT SOLUTIONS, 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:

SANDY TOPKIN

Name of Person

TOPKIN AND PARTLOW, PL

Firm/Company

1166 W NEWPORT CENTER DR 309

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

STOPKIN@TOPKINLAW.COM

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

For further information concerning this matter, please call:

ANTONIO ALVAREZ

Name of Person

at (

954 292-5902

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2014

SANDY TOPKIN
TOPKIN AND PARTLOW PL
1166 W NEWPORT CENTER DR 309
DEERFIELD BEACH, FL 33442

SUBJECT: GAB MANAGEMENT SOLUTIONS, LLC
Ref. Number: L12000143146

We have received your document for GAB MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Document was received on 09/05/14

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 114A00019572

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 SEP -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gab Management Solutions, 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 11-13-12 and assigned
Florida document number L120000143146.

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:

SANDY TOPKIN

New Registered Office Address:

1166 W NEWPORT CENTER DR 309

Enter Florida street address

DEERFIELD BEACH

City

Florida 33442

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTONIO ALVAREZ		<input type="checkbox"/> Add
		8401 L.W. ROAD 208	<input checked="" type="checkbox"/> Remove
		L.W. FL. 33467	
			<input type="checkbox"/> Add
			<input 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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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: ~~08-29-2014~~ 9-24-14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08-29-2014

Signature of a member or authorized representative of a member

SANDY TOPKIN, ESQ

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA