

LI3000016925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
2013 APR -4 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR -5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GASTRO ENTERPRISES USA LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GERT HEBSACKER

(Contact Person)

(Firm/Company)

2710 DEL PRADO BLVD 2 - SUITE 250

(Address)

CAPE CORAL FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

GERT HEBSACKER at (239) 826-4861

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 APR -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GASTRO ENTERPRISES USA 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 _____ and assigned
Florida document number L13000016925.

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**)

2710 DEL PRADO BLVD. 2
SUITE 250
CAPE CORAL FL 33904

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: MANDI CABA

New Registered Office Address: 1639 SE 40th STREET

Enter Florida street address

CAPE CORAL, Florida 33904

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.

Mandi G. Caba
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>
MGMR	GERT HEBSACKER	2710 DEL PRADO BLVD. 2	<input type="checkbox"/> Add
		SUITE 250	<input checked="" type="checkbox"/> Remove
		CAPE CORAL FL 33904	
MGMR	MANDI J. CABA	1639 SE 40th STREET	<input checked="" type="checkbox"/> Add
		CAPE COAL FL 33904	<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

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

Dated _____, _____

Mandi J. Caba
Signature of a member or authorized representative of a member

Mandi J. Caba
Typed or printed name of signee

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Filing Fee: \$25.00

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