

# L13 0000059635

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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07/12/19

S TALLENT

JUL 15 2019

2019 JUL 10 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2019

YANKO FINDZHIKOV  
GYPSY APOTHECARY LLC  
3540 S ORANGE AVE  
ORLANDO, FL 32806

SUBJECT: GYPSY APOTHECARY LLC  
Ref. Number: L13000059635

We have received your document for GYPSY APOTHECARY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00013105

2019 JUL 10 AM 9:51  
FALLING  
OFF

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

**GYPSY APOTHECARY LLC**

SUBJECT: \_\_\_\_\_  
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:

Yanko Findzhikov

\_\_\_\_\_  
Name of Person

GYPSY APOTHECARY LLC

\_\_\_\_\_  
Firm/Company

3540 S Orange Ave

\_\_\_\_\_  
Address

Orlando, FL 32806

\_\_\_\_\_  
City/State and Zip Code

findzhikov@gmail.com

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

For further information concerning this matter, please call:

Yanko Findzhikov

321

747 5532

\_\_\_\_\_  
at ( )

Name of Person

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**

JUN 17 2007

TO  
ARTICLES OF ORGANIZATION  
OF

GYPSY APOTHECARY 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 04/24/2013 and assign  
Florida document number L13000059635.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	Yanko Findzhikov	3540 S Orange Ave, Orlando FL 32806	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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YANKO Findzhikov is added as an  
equal owner of Gypsy Apothecary LLC,  
and I accept the position.

**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 605.02:

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed; 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:  
(b) The 90th day after the record is filed.

Dated June, 11th 2019

Signature of a member or authorized representative of a member

YANKO Findzhikov

Typed or printed name of signee