

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000079614 3)))



H220000796143ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GIBSONIA REAL ESTATE HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR - 3 2022

2022 MAR - 2 PM 11:11

2022 MAR - 2 PM 4:45

FILED

H22000079614 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GIBSONIA REAL ESTATE HOLDINGS 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:

JAPINDER SINGH

Name of Person

Firm/Company

1805 VIA LAGO DRIVE

Address

LAKELAND, FLORIDA 33810

City/State and Zip Code

JAPSIN@AOL.COM

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

For further information concerning this matter, please call:

JAPINDER SINGH

863 602-5498
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000079614 3

H220000796143

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

GIBSONIA REAL ESTATE HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 MAR -2 PM 4:49
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 16, 2013 and assigned

Florida document number L13000116085

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**)

1283 Lake Deeson Pointe
LAKE LAND, FL - 33805

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1283 LAKE Deeson Pt.
LAKE LAND, FL - 33805

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: _____

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

H22000079614 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	JAPINDER SINGH	PO BOX 91059	<input type="checkbox"/> Add
		LAKELAND, FL 33804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GURMON GILL	PO BOX 91059	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

2022 MAR -2 PM 4:49

H22000079614 3

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

FILED
2022 MAR -2 PM 14:45
TALALA ASSOCIATION

E. Effective date, if other than the date of filing: _____ (optional)

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) this document is not subject to the applicable statutory filing requirements; this date will not be listed as the effective date of the document.

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 Dec. 31, 2021

Guamán Gil

Signature of a member or authorized representative of a member

GURMON GILL, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00