

L14000015359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

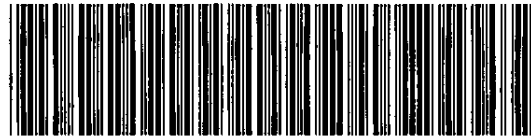
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. BOSTICK

APR - 2 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABLAZE GREEN MANAGEMENT AND SERVICES, 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:

FRANK GONGORA

Name of Person

GONGORA WORLDWIDE TRADING, LLC

Firm/Company

5805 HONEYSUCKLE DR

Address

WEST PALM BEACH, 33415

City/State and Zip Code

GWTLLC@COMCAST.NET

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

For further information concerning this matter, please call:

FRANK GONGORA

Name of Person

305 8789340

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ABLAZE GREEN MANAGEMENT AND SERVICES, LLC

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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

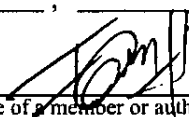
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GONGORA WORLDWIDE TRADING, LLC	5805 HONEYSUCKLE DR, WEST PALM BEACH, FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LETICIA GONGORA	1263 W 38TH PL HIALEAH, FL 33012-4747	<input checked="" type="checkbox"/> 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"/> Add <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: _____ **(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 **MARCH, 27**, **2014**



Signature of a member or authorized representative of a member

FRANK GONGORA

Typed or printed name of signer

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Filing Fee: \$25.00

2014 MAR 31 PM 12:12