L19000360558

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.

(((H19000342621 3)))

H19000342621 3ABC

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 : TODD D. KAPLAN
Account Number : 120130000030
Phone : (941)907-0006
Fax Number : (941)487-5371

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

Email Address: tKaplan@icardmerrill.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GABBERT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FILED
2019 NOV 22 P 12:25

Electronic Filing Menu Corporate Filing Menu Help

BCS

(((H19000342621 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gabbert 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:

Todd D. Kaplan, Esq.
Name of Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, PA
Firm/Company

8470 Enterprise Circle #201
Address

Lakewood Ranch, FL 34202
City/State and Zip Code

tkaplan@icardmerrill.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd D. Kaplan, Esq. at (941) 907-0006
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

(((H19000342621 3)))

(((H19000342621 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 NOV 22 P 1:25

Gabbert 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 02/14/2014 and assigned Florida document number L14000026058.

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)

7502 Claxstrauss Drive
Sarasota, FL 34240

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:

New Registered Office Address:

Enter Florida street address

City, Florida *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

(((H19000342621 3)))

(((H19000342621 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

Title	Name	Address	Type of Action
Member	Jim Gabbert	1250 Hidden Harbor Way Sarasota, FL 34242	☐Add ☑Remove ☐Change
Member	Lori Gabbert	1250 Hidden Harbor Way Sarasota, FL 34242	☐Add ☑Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

(((H19000342621 3)))

(((H19000342621 3)))

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)
(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)
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 November 21 2019

Signature of a member or authorized representative of a member

Ashley Gabbert
Typed or printed name of signer

(((H19000342621 3)))

Filing Fee: $25.00