L140000 26058

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	<u> </u>

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2019

GABBERT LLC 1250 HIDDEN HARBOR WAY SARASOTA, FL 34242

SUBJECT: GABBERT LLC Ref. Number: L14000026058

We have received your document for GABBERT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you subbmitted is wrong form. If you want to change title, add new MGR/MBR/AMBR please complete the amedment form.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

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Letter Number: 619A00025679

COVER LETTER

Cabbert	LLC	
Name of Limit	ed Liability Company	
ndment and fee(s) are subn	nitted for filing.	
ice concerning this matter to	o the following:	
Jarr	ies Gabbert	
Gal	obert LLC	
	_	
125	to Hidden Harbo	ir way
	Address	
Sam	weada Fl	
Jacr	City/State and Zip Code	
60	ubbert 59@gma	il.com
E-mail address: (to	o be used for future annual report noti	fication)
erning this matter, please ca	II:	
s Gabbert	ar 941, 915-	-6674 <u> </u>
son	Area Code Daytim	e Telephone Number
llowing amount:		
3 \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee.
Certificate of Status 1	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
a		(additional copy is enclosed)
	Street Address:	
	Registration Se	
orations		
32314		e Street, Suite 810
	Same of Limit and fee(s) are subn to concerning this matter to Last Sam E-mail address: (to erning this matter, please ca son following amount: Sam Son Solution Certificate of Status d	ndment and feets) are submitted for filing. Tarnes Gabbert Name of Person Gabbert LLC Firm/Company 1250 Hidden Harbert Address Saras of a FL City/State and Zlp Code Gabbert 59 Q J Ma E-mail address: (to be used for future annual report non- grating this matter, please call: at (941) Area Code Daytim Street Address: Certified Copy (additional copy is enclosed) Street Address: Registration Se Division of Cot The Centre of The Centr

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ert LLC
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2008 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited habi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	7502 Claxstranss Drive Sarasota, FL 34240
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34240
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	77:2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	20 0
New Registered Office Address:	7502 Clax Stokuss Drive Enter Florida street address
	Sar 15044 Florida 34240 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 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>	Address	Type of Action
<u>amb</u> r	Ashley Gabbert	7502 ClaxStanss Drive Sarasova, FL 34240	XAdd
		Sarasova, FL 34240	□Remove
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Effective date, if other than the date of filing: [(aptional)] Fan effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, a Pursuant to 605. More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. Percord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed. Dated [12/24/2019] Signature of a njemyer or analysized representative of a member	
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Dated 12/24/2019.	i05,0205 isted as
Aut	fter the
Signature of a member of authorized representative of a member	
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Filing Fee: \$25.00