

L14000041865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

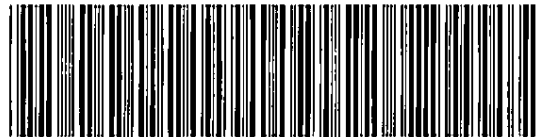
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LLC Amend

2023 JUN 12 AM 11:15
STATE OF ARIZONA
SECRETARY OF STATE

FILED



2023 JUN 12 PM 2:13

A. RAMSEY
JUN 13 2023

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/12/2023

NAME: GULFSTREAM CANDLE COMPANY

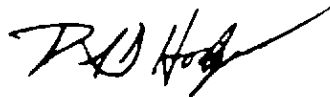
TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULFSTREAM CANDLE COMPANY 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:

Rebecca Cirrinicione

Name of Person

PLG LAW

Firm/Company

3684 Tampa Rd #2

Address

Oldsmar, FL 34677

City/State and Zip Code

darren@backwaterprovisionsco.com

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

For further information concerning this matter, please call:

Rebecca Cirrinicione

727

415-7453

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

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

2023 JUN 12 AM 11: 15

GULFSTREAM CANDLE COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records, **STATE OF FLORIDA**)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/12/14 and assigned
Florida document number L14000041865.

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:

230 Main St UNIT B Safety Harbor, FL 34695

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

922 Woodbridge Court SAFETY HARBOR, FL 34695

(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:

Darren Loscalzo

New Registered Office Address:

922 Woodbridge Court

Enter Florida street address

Safety Harbor

Florida 34695

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.


Darren Loscalzo (Jun 11, 2023 10:51 EDT)

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	FRALEY, CARRIE M	PO BOX 62 INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Loscalzo, Darren	922 Woodbridge Court Safety Harbor, FL 34695	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOSCALZO, KELLY S	328 CAMBRIA CT. SAFETY HARBOR, FL 34695	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated June 12, 2023


Darren Loscarzo (Jun 11, 2023 10:51 EDT)

Typed or printed name of signee

Filing Fee: \$25.00