L14000140806

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	₩ wait	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
·Special Instructions to	Filing Officer:	

Office Use Only



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01/28/15--01018--027 **25.00

15 Jaw-28 PM 1: 01
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FEB 10 2015 N. CAUSSEAUX

GPE Wood Works, LLC 3481 B Road Loxahatchee, FI 33470

12/30/2014

Atten:Nannette Causseaux

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FI 32301

Dear Nannette Causseaux;

Enclosed you will find;

- 1. Cover Letter
- 2. Articles of Amendment to Articles of Organization
- 3. Original Copy of Letter Sent to Justin regarding refund of \$160.00
- 4. Letter from Florida Department of State Division of Corporation
- 5. Also A copy of my receipt for \$125.00 on line filing.
- 6. My Check for \$25.00 filing fee.

I do appreciate all your help and hopefully we will be able to get this amendment to the name finalized.

Thank vou

Janet Eick and Gerald Eick Owner of GPE Wood Works, LLC

3481 B Road Loxahatchee, FI 33470 561-662-5964

COVER LETTER

TO: Registratio	n Section Corporations		• • • •
SUBJECT GP	E Work Works,L	LC	
SUBJECT:		ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Janet Eick		
		Name of Person	
	GPE Wood	Works	
		Firm/Company	
	3481 B Roa	d	
		Address	
	Loxahatche	e, Fl 33470	
	<u> </u>	City/State and Zip Code	
	equineeee@msn		
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
Janet Eic	k	_{at} 561 662-5	964
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fe	e \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 7, 2015

JANET EICK 3481 B ROAD LOXAHATCHEE, FL 33470

SUBJECT: GPE WORK WORKS, LLC

Ref. Number: L14000140806

We have received your document for GPE WORK WORKS, 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 effective date must be specific and cannot be prior to the date of filing.

We need the following: Two separate letters, one stating that you want to abandon the reinstatement for the corporation "GPE WOOD WORKS, INC." doc. # P03000152087. The 2nd letter should state that, you are the owners of "GPE WOOD WORKS, INC." and that you have no intentions of reinstating the corporation and release the name to the LLC. We did not received the amendment until 1/6/15.

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) 245-6051.

Letter Number: 915A00000245

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

FAX

Date 2-10-2015

To: Nanette Causseaux, Regulatory Specialist II Supervisor

From : Janet and Gerald Elck:

RE: GPE Wood Works, LLC.

Nannette, Please review these documents and hopefully you will have everything that you need to approve our application for GPE Wood Works, LLC. As I explained I have been in and out of the hospital and not been able to complete the information more timely. Unfortunately due to this we have checks that we cannot cash due to the Name not being registered on Sun Biz.org. Please contact me if there is anything else you need and I will get it faxed immediately.

I appreciate your help,

Thank you,

Janet Eick 561-662-5964

15 FEB 10 / M10: 00

Janet and Gerald Eick 3481 B Road Loxahatchee, Fi 33470 561-662-5964

February 7, 2015

Florida Department of State of Division of Corporations Nanette Causseaux Regulatory Specialist II Supervisor

Subject: GPE Wood Works, LLC Ref, Number L14000140806

Dear Nanette Causseaux Regulatory Specialist II Supervisor;

We are owners of "GPE WOOD WORKS, INC." and we have no intentions of reinstating the corporation and release the name to the LLC.

Thank you,

Gerald Eick and Janet Eick

Janet and Gerald Elck 3481 B Road Loxahatchee, Fl 33470 561-662-5964

February 7, 2015

Florida Department of State of Division of Corporations
Nanette Causseaux
Regulatory Specialist II Supervisor

Subject: GPE Wood Works, LLC Ref, Number L14000140806

Dear Nanette Causseaux Regulatory Specialist II Supervisor;

I received your letter explaining what I have to do, thank you so much.

I want to abandon the reinstatement for the corporation "GPE WOOD WORKS, INC." doc. #P03000152087.

Thank you,

Gerald Eick and Janet Eick

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

GPE Work Works, LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our recorted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 9/9/2014	and assigned
Florida document number L14000140806		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
GPE Wood Works, LLC		
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS]	75 d
		3, 7
		88 1
Enter new mailing address, if applicable:		- Fig 7 H
Mailing address MAY BE A POST OFFICE BOX)		
	. or 1 3	بر
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		is, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	·	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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

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>	Address	Type of Action
	·		
			Remove
			
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			□ Remove

D. If amo	ending any other infor	mation, enter change(s) here: (Attach addi	itional sheets, if necessary.)
			,
		······································	
			
-			
-			
Effecti (The effection the date	ive date, if other than a ctive date must be specific, of this document is filed by the	the date of filing: cannot be prior to date of receipt or filed date and cannot e Florida Department of State)	(optional) t be more than 90 days after
Dated	September 19,	2014	
	Jan Marin	Signature of a member or authorized representati	
	7	Signature of a member or authorized representati	ve of a member
	Gerald Eick		
		Exmed or printed name of cianea	

Page 3 of 3

Filing Fee: \$25.00

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