

214000170045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700266182347

700266182347  
11/10/14--01055--002 \*\*25.00

FILED  
2014 NOV 10 AM 7:05  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

NOV 17 2014  
J. CRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gypsetter Life, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Tiffany Wilson  
Name of Person

Gypsetter Life, LLC  
Firm/Company

1040 Biscayne Blvd #2706

Miami, FL 33132  
City/State and Zip Code

For further information concerning this matter, please call:

Tiffany Wilson at (214) 244-4999

FILED  
2014 NOV 10 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee &    ☐ \$55.00 Filing Fee &    ☐ \$60.00 Filing Fee.  
(additional copy is enclosed)    Certified Copy  
(additional copy is enclosed)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

TO

ARTICLES OF ORGANIZATION

OF

Gypse Herk Life, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/31/14 and assigned Florida document number L14000170045

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

455 NE 25th St #907  
Miami, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

455 NE 25th St #907  
Miami, FL 33137

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:

New Registered Office Address:

Tiffany Wilson  
455 NE 25th St #907

Enter Florida street address

Miami

Florida

FILED  
NOV 10 AM 7:05  
CLERK OF SUPERIOR COURT  
FLORIDA

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

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.

Tiffany Wilson  
If Changing Registered Agent, Signature of New Registered Agent

**Authorized Member being added or removed from our records:**

~~REGISTRATION~~

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	
		_____	
_____	_____	_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	
		_____	<input type="checkbox"/> Remove

FILED  
2014 NOV 10 AM 7:05  
DEPT. OF STATE  
INLAND REVENUE DIVISION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

Dated November 5, 2014

Tiffany Wilson

Tiffany Wilson

Typed or printed name of signee

2014 NOV 10 AM 7:05  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED