

L14000177176

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. F. C. DISTRIBUTION LIMITED LIABILITY COMPANY
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:

GLEN A. CAMPBELL

Name of Person

G. F. C. DISTRIBUTION LIMITED Liability company

Firm/Company

401 EAST LAS OLAS BLVD. STE 103-154

Address

FORT LAUDERDALE, FLA 33301

City/State and Zip Code

NASSA4BOYZ66@gmail.com

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

For further information concerning this matter, please call:

Glen A. Campbell

Name of Person

at (305) 458-3332

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:

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

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

G.F.C. DISTRIBUTION Limited Liability Company

(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 11-18-2014 and assigned
Florida document number L14000177176

This amendment is submitted to amend the following:

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

G.F.C. DISTRIBUTION Limited Liability Company

The new name must be distinguishable and end with 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)

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Send Amendment To My Email Address.

NASSAUBOYZ66@gmail.com

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 the date this document is filed by the Florida Department of State)

Dated NOVEMBER 14, 2014.

Glen A. Campbell

Signature of a member or authorized representative of a member

Glen A. Campbell

Typed or printed name of signee

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TALLAHASSEE, FLORIDA