

214 000 192 726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

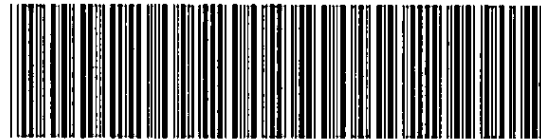
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/15/19--01019--009 **25.00

FILED
19 APR 15 AM 7:46
TALLAHASSEE, FLORIDA

APR 26 2019
S. YOUNG

GASTON PROCESS SERVICE, LLC
P. O. Box 166
Lake Wales, FL 33859-0166
863-678-1235

April 10, 2019

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

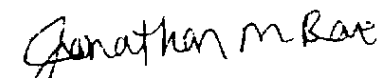
Re: Tax ID#47-2599176

Sirs:

Enclosed please find GPS# 3000 in the amount of \$25.00 and Cover Letter, Articles Of Amendment To Articles Of Organization of Gaston Process Service, LLC for your further processing.

Thank you.

Sincerely,


Jonathan McRae
Manager

Enclosures

cc: file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GASTON PROCESS SERVICE, 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:

JONATHAN McRAE

Name of Person

GASTON PROCESS SERVICE, LLC

Firm/Company

P. O. BOX 166

Address

LAKE WALES, FL 33859-0166

City/State and Zip Code

gaston_ps@yahoo.com

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

For further information concerning this matter, please call:

BECKY S. GASTON

863 678-1235

Name of Person

at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

GASTON PROCESS SERVICE, LLC

Page 1 of 3

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	BECKY S. GASTON		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONATHAN McRAE		<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

APRIL 10 2004

Becky S. Gaston

Signature of a member

BECKY S. GASTON

BECKY S. GASTON

Typed or printed name of signee