

L150000000877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

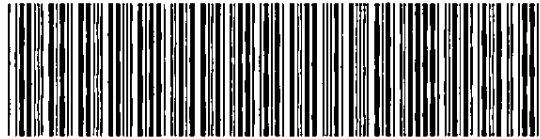
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400416185354

09/25/23--01021--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 SEP 25 PM 3:04

Y. SCOTT

OCT - 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.A.D.B 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:

Con Sotiropoulos

Name of Person

G.A.D.B LLC

Firm/Company

PO Box 810513

Address

BOCA RATON FL

City/State and Zip Code

jodie.a.s@hotmail.com

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

For further information concerning this matter, please call:

Con Sotiropoulos 310 985-3050
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 SEP 25 PM 3:04

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	Jodie Sotiropoulos	POST OFFICE 810513, BOCA RATON FL 33481	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP 28 PM 3:04

2023 SEP 25 PM 3: 04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 SEP 25 PM 3:04

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 September 17, 2023

Signature of a member or author

Signature of a member or authorized representative of a member

SOTIROPOULOS, CONSTANTINE

Typed or printed name of signee

Filing Fee: \$25.00