

U15000155547

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 23 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1240 12TH, 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:

ROBERT PARENT
Name of Person

Firm/Company

770 21ST ST. NW #34120
Address

NAPLES, FL 34120
City/State and Zip Code

naplesboating@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Mongan at (239) 405-0676
Name of Person 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

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

124012TH, LLC

(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 09/11/2015 and assigned Florida document number L15000195547

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

_____, Florida

City

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

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

AMBR	ANDREA MORGAN	770 21ST ST NW NAPLES, FL 34120	<input type="checkbox"/> Add
------	---------------	------------------------------------	------------------------------

☒ Remove

☐ Change

AP
AMBR

	GC & AM ENTERPRISES, LLC		<input type="checkbox"/> Add
--	--------------------------	--	------------------------------

98 Ridge Dr

☐ Remove

Naples FL

☐ Change

34108

☐ Add

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

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

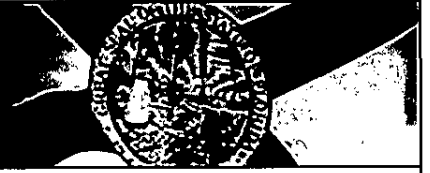
Dated

10/16, 2015

Signature of a member or authorized rep.

Andrea Morgan
Typed or printed name of signee

Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

124012TH, LLC

Filing Information

Document Number L15000155547
FEI/EIN Number NONE
Date Filed 09/11/2015
State FL
Status ACTIVE

Principal Address

770 21ST ST. NW
34120
NAPLES, FL 34120

Mailing Address

770 21ST ST. NW
34120
NAPLES, FL 34120

Registered Agent Name & Address

TIBSTRA, THOMAS T
1635 AVION PL.
NAPLES, FL 34104

Authorized Person(s) Detail**Name & Address**

Title AMBR

TIBSTRA, THOMAS T
770 21ST ST. NW #34120
NAPLES, FL 34120

Title AMBR

PARENT, ROBERT
770 21ST ST. NW #34120
NAPLES, FL 34120

Title AMBR

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

GC&AM ENTERPRISES, LLC

Filing Information

Document Number	L15000165611
FEI/EIN Number	NONE
Date Filed	09/29/2015
Effective Date	09/29/2015
State	FL
Status	ACTIVE

Principal Address98 RIDGE DRIVE
NAPLES, FL 34108**Mailing Address**98 RIDGE DRIVE
NAPLES, FL 34108**Registered Agent Name & Address**MONGAN, ANDREA K
98 RIDGE DRIVE
NAPLES, FL 34108**Authorized Person(s) Detail****Name & Address**

Title AP

CONTOPOULOS, GEORGE
4751 GULF SHORE BLVD UNIT 1108
NAPLES, FL 34103**Annual Reports****No Annual Reports Filed****Document Images**09/29/2015 -- Florida Limited Liability [View image in PDF format](#)FILED
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