

L16000 056 604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

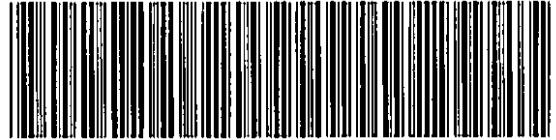
(Business Entity Name)

(Document Number)

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2020 JAN 31 PM 5:16

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

JAN 31 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2020

GREGG ALDERMAN
15832 HENNIPEN CIRCLE
PORT CHARLOTTE, FL 33981

SUBJECT: GASOLINE ALLEY FUEL LLC
Ref. Number: L16000056604

2020 Jan 21 PM 1:14

We have received your document for GASOLINE ALLEY FUEL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

~~FLORIDA HOME CONSULTANTS LLC~~ - L14000024426

FHC LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 120A00000781

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Gasoline Alley Fuel 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:

Gregg Alderman

Name of Person

Firm/Company

15832 Hennipen Cir

Address

Port Charlotte, Florida 33981

City/State and Zip Code

greggalderman@gmail.com

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

For further information concerning this matter, please call:

Gregg Alderman

941

468-8469

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Gasoline Alley Fuel 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 3/21/2016

Florida document number L16000056604

This amendment is submitted to amend the following:

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

~~Florida Home Consultants LLC~~ FHC LLC

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)

Gregg Alderman

15832 Hennipen Cir

Port Charlotte, FL 33981

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Gregg Alderman

15832 Hennipen Cir

Port Charlotte, FL 33981

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:

Gregg Alderman

New Registered Office Address:

15832 Hennipen Cir

Enter Florida street address

Port Charlotte

Florida 33981

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

FILED
2020 JAN 31 PM 5:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 12/4/19 _____

Signature of a member or authorized representative of a member

GREGG ALDERMAN
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00