

L16000098336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

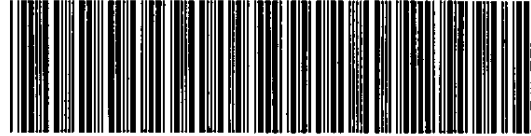
(Document Number)

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Amend

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2016 MAY 31 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6/3

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gilder Enterprises, 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:

Carrie K Gilder

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1608 Bakalane Ave

\_\_\_\_\_  
Address

Pensacola, FL 32504

\_\_\_\_\_  
City/State and Zip Code

carriegildermassagefacial@yahoo.com

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

For further information concerning this matter, please call:

Carrie K Gilder

850 619-2467  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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2006 MAY 31 PM 4:14  
SECURITY OFFICE  
TALLAHASSEE FLORIDA  
and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

and assigned

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>
ambr	Richard J Gilder	1608 Bakalane Ave	<input type="checkbox"/> Add
		Pensacola, FL 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Jesse J Gilder	1608 Bakalane Ave	<input type="checkbox"/> Add
		Pensacola, FI 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**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 May 24 2016

2016

\_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

**Carrie K Gilder**

Typed or printed name of signee

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TALLAHASSEE FLORIDA