

L16000148072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

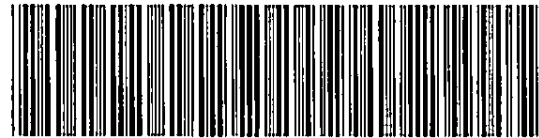
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2017 OCT 10 PM 2:40

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DIVISION OF

O. SIMMONS

OCT 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENUINE ANTIQUE RESTORATION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAYDEE VAUDERKAMH
Name of Person

GBS, LLC
Firm/Company

1229 PROVIDENCE BLVD
Address

DAITUNA FL 32725
City/State and Zip Code

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

For further information concerning this matter, please call:

HAYDEE VAUDERKAMA at (386) 254-4971
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

GUERRIS ANTIQUE RESTORATION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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NONE

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DIVISION 3

SEE BACK!

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

IN THE ARTICLE III ADD:

BOTH PARTNERS ARE NOT ABLE TO OPEN OR
PARTICIPATE IN ANY COMPANIES THAT IS
SIMILAR TO GUEZIZ'S ANTIQUE RESTORATION

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DESIGN

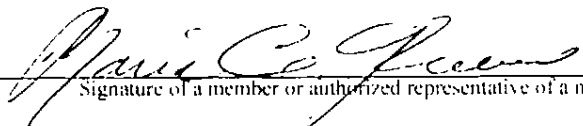
E. Effective date, if other than the date of filing: 10/6/17 (optional)

(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 October 4, 2017.



Signature of a member or authorized representative of a member

MARIA C. GUEEZ

Typed or printed name of signee