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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

	gistration Se vision of Cor				
SUBJECT	G.A.S. MO	MMA BEAR 232 LIGHTNIN	G BUG LANE, LI	С	
SUBJECT	·	Name of Lim	ited Liability Compa	ny	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	indence concerning this matter	to the following:		
		GARY BAKER			
			Name of Pers	on	
			Firm/Compa	ny	<del></del>
		177 N US HWY 1, #273	<del></del>		
		TEQUESTA. FL 34997	Address		
			City/State and Zi	Code	
		garybakercpa@yahoo.com	•		
		E-mail address: (I	to be used for future	annual report notifi	ication)
For further	information c	oncerning this matter, please ca	ıll:		
GARY BA	KER		617 at (	416-9407 )	
	Name o	f Person	Area Co	de Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 _ assee, FL 32314	Re Di Cl 26	FREET/COURING Section Section of Corpora ifton Building 161 Executive Cerullahassen, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.A.S. MOMMA BEAR 232 LIGHTNING BUG LANE, LLC

	· · · · · · · · · · · · · · · · ·	f		
( <u>Name of the Limited Liability</u> (A Florida L	Company as imited Liabil	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Cor	npany wer	filed on 8/10/16	and assigned	
Florida document number L16000149905	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability	company here:		
The new name must be distinguishable and contain the words "Limite	d Liability C	ompany," the designation "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:				TAE A
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		<u> </u>	ZS ZS
			ź	HA A
			6	386
Enter new mailing address, if applicable:			受	HASSEE, FLORID
(Mailing address MAY BE A POST OFFICE BOX)				
	-		<u>2</u>	ĝ
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent.  Name of New Registered Agent:		address on our records, enter the	name of th	e new
New Registered Office Address:		Enter Florida street address		
		EL .1		
		, Florida City	Zip Code	
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	id agree to aplete per at as prov	formance of my duties, and I am fam ided for in Chapter 605, F.S. Or, if t.	iliar with and his document	1
	If Changing	Registered Agent, Signature of New Registe	ered Agent	

If amendin	g Authorized Person(s) authorized t from our records:	o manage, enter the title, name, and ad	dress of each person being added
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LISA UHLYARIK	232 LIGHTNING BUG LN.	
		MURPHY, NC 28906	Remove
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			Add
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		11/	2017	
ive date, if other than the	date of filing:		<b>/</b> -	_ (optional) lays after filing.) Pursuant to 605
If the date inserted in this blo	ock does not meet:	the applicable st	autory filing requirement	ents, this date will not be liste
ent's effective date on the De	epartment of State	s records.	]	
and annuition a dala	) <i></i>	f		
90th day after the rec	refrective date ord is filed.	, but not an e	errective time, at 1	2:01 a.m. on the earlie
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1/22/18	·			/761.
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		ed or printed name		

Page 3 of 3

Filing Fee: \$25,00