

L16000165866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

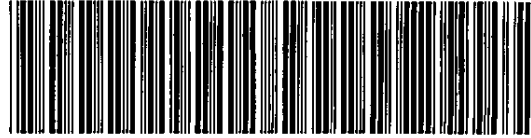
(Document Number)

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FILED
2016 OCT 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

ALAN GREENSTEIN
14559 DRAFTHORSE LANE
WELLINGTON, FL 33414

SUBJECT: G & A FORMS LLC
Ref. Number: L16000165866

We have received your document for G & A FORMS 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000007568 "G&A FARMS INC".

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00021129

COVER LETTER

**TO: Registration Section
Division of Corporations**

G & A Forms LLC

SUBJECT: _____
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:

Alan Greenstein

Name of Person

Firm/Company

14559 Drafthorse Lane

Address

Wellington, FL 33414

City/State and Zip Code

agreenstein71@gmail.com

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

For further information concerning this matter, please call:

alan greenstein

561 7795283

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

G & A Forms LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 26, 2016 and assigned
Florida document number L16000165866

This amendment is submitted to amend the following:

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

G & A Forms 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)

14559 Drafthorse Lane

wellington, FL

33414

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:

Alan Greenstein

New Registered Office Address:

14559 Drafthorse Lane

Enter Florida street address

Wellington

, Florida

33414

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2016 OCT 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 OCT 17 PM 4:01
CLERK, DEPT. OF STATE
TALLAHASSEE, FLORIDA

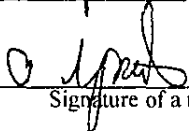
E. Effective date, if other than the date of filing: _____ (optional)

(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 21 September 2016



Signature of a member or authorized representative of a member

Alan Greenstein

Typed or printed name of signee