

L16000216339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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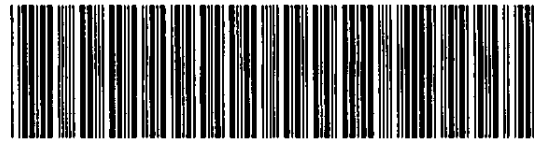
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Naples Errand Service, 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:

Colin Spencer Wood

Name of Person

Naples Errand Service, LLC

Company

27091 Matleson Ave H203

Address

Sanita Springs, FL 34135

City, State and Zip Code

colinspencerwood@gmail.com

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

For further information concerning this matter, please call:

Colin Spencer Wood

Name of Person

at 239.777-9797

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$40.00 Filing Fee &
Certified Copy

☐ \$65.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$65.00 Filing Fee,
Certified Copy &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURT ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

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

Naples Errand Service, 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 11/29/17 and assigned

Florida document number L16000216339

This amendment is submitted to amend the following:

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

Gulfshore Vending, 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)

27091 Matheson Ave
#203
Benita Springs, FL
34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27091 Matheson Ave
#203
Benita Springs, FL
34135

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:

Colin Spencer Wood

New Registered Office Address:

27091 Matheson Ave

#203

Enter Florida street address

Benita Springs, Florida

City

34135

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

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>
MGR	Colin Spencer Wood	27091 Matheson Ave #203 Boca Springs, FL 39135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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.

Dated _____, _____

Colm Spencer Wood
Typed or printed name of signee