

0

L17000020053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

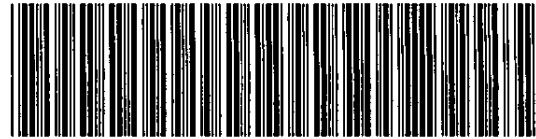
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200299041072

05/15/17--01041--011 **25.00

FILED
17 MAY 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY 17 2017

May, 10th, 2017.

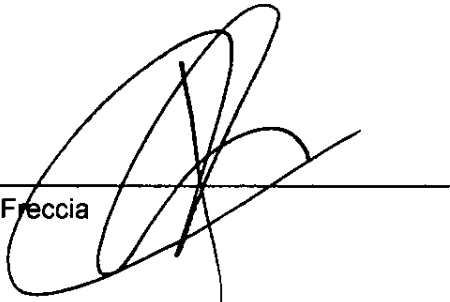
To Whom It May Concern,

I Roger Freccia, owner of both Gazola Wood Inc (Doc # P16000047982) and Gazola Reclaimed Wood LLC (Doc # L17000020053), by this letter AUTHORIZED AND RELEASE the name of my previous company Gazola Wood Inc, for which I have filed a Voluntary Dissolution, on 01/25/2017, to be used in my new company Gazola Reclaimed Wood LLC, for which I am filing an amendment (attached) to change its legal name to Gazola Wood LLC.

Please feel free to contact me at 786 516-1120.

Thank you

Roger Freccia

A handwritten signature in black ink, consisting of a large, stylized 'R' followed by a vertical line and a horizontal stroke, positioned over a horizontal line.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAZOLA RECLAIMED WOOD 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:

ROGER FRECCIA

Name of Person

GAZOLA RECLAIMED WOOD LLC

Firm/Company

5427 NW 48 ST

Address

COCONUT CREEK FL 33073

City/State and Zip Code

INFO@GAZOLAWOOD.COM

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

For further information concerning this matter, please call:

ROGER FRECCIA

786 516-1120
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 &
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

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

GAZOLA RECLAIMED WOOD 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 01/25/2017 and assigned
Florida document number L17000020053.

This amendment is submitted to amend the following:

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

GAZOLA WOOD 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1310 PARK CENTRAL BLVD SOUTH

POMPANO BEACH FL 33064

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:

New Registered Office Address:

Enter Florida street address

Florida

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

FILED
MAY 15 PM 1:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
12 MAY 05 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

y 10th _____, 2017

Signature of a member or authorized representative of a member

ROGER FRECCIA

Typed or printed name of signee

FILED
17 MAY 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA