117000013172

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

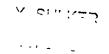
Office Use Only



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COVER LETTER

то:	Registration Se Division of Cor		3			
SHRI	Gaskets "R"	" Us				
SUBJECT: Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	endence concerning this matter	to the following:			
		Zachary R. Fields				
		Gaskets "R" Us	Name of Person			
		7825 Gulf Blvd	Firm/Company			
		St. Pete Bench, FL 33706	Address			
		gasketsruss@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For tu	rther information c	oncerning this matter, please ca	all:			
Zacha	ıry R. Fields		727 360-2411			
	Name o	t Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gaskets R Us		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L17000073172	iny were filed on 3/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
GasketsRus LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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) 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 h	<u>ere</u> :	
Name of New Registered Agent:		.
New Registered Office Address:	Enter Florida street address	
	Zanta a na min ancer man ess	
	, Floric	
	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

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>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
		□ Remove	
			Change
			Add
		☐ Remove	
			☐ Change
			Add
			☐ Remove
			□ Change

E. Effective date, if other than the date of filing:	_								
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	Note:	If the date inserted in	this block does not	ing: and cannot be pri t meet the app	ior to date of fili licable statutor	ng or more than 9 ry filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.0. vill not be listed	207 (3 as th
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.					not an effec	tive time, at	: 12:01 a.m. c	n the earlier	of:
Dated October 18 2019	Dated (October 18		2019		>			
Signature of a member or duthorized representative of a member			25						

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Typed or printed name of signee

Filing Fee: \$25.00