

Division of Corporations

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L17000106505

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBERTS, SEWARD & COMPANY PA
Account Number : 120040000178
Phone : (813) 225-1040
Fax Number : (813) 250-1555

RECEIVED
FEB 06 2018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CIVIL GIFT CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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K. SALY

FEB 7 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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H18000444807

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Civil Gift Card, 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:

Richard A. Roberts
Name of Person
Civil Gift Card, LLC
Firm/Company
337 S. Plant Ave
Address
Tampa, FL 33606
City/State and Zip Code
rick@rsepa.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard A. Roberts
Name of Person
813 225-1040
at () 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

H18000444803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Civil Gift Card, LLC

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

#180000444203

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The Articles of Organization for this Limited Liability Company were filed on May 12, 2017

and assigned

Florida document number L17000106505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability Company here:

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)

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

City

Florida

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

#180000444203

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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

Title	Name	Address	Type of Action
MGR	Kevin McGuinness	15407 Woodstar Landing Ct.	<input type="checkbox"/> Add
		Lithia, FL 3547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 February 6, 2018



Signature of a member or authorized representative of a member

Richard A. Roberts

Typed or printed name of signer

H180000444803