11800018757

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: GET	RRY'S FIRE BY	READ LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	GERALT	SCHIMP/L' Name of Person	
		Firm/Company	
	5119 B1809	BONG LN Address	
	BOVEELIA, F	L 33922 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	di:	
		at () Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☼ \$25.00 Filing Fee	S30,00 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

GERRY'S FIREBRE	FAD LLL	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1800018757	were filed on 01 22 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 of registered agent and/or the new registered office address here		er the name of the new
		26
Name of New Registered Agent:		A HAR
New Registered Office Address:	Enter Florida street address	R 26 PM TANY OF S ASSEE, FL
-	City . Florida	R DZip Code
New Registered Agent's Signature, if changing Registered Agent:		10 A

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 Type of Action <u>Address</u> **Title** <u>Name</u> 5/19 BIRDSONG LV BONEEUA, FZ 33922 SOULA SCHIMPL MGR _□ Add Remove ☐ Change AMBR GERALD SCHINPL 5119 BIRDSONGI LU BONEELIA IFL 33922 □ Remove CHANGE FROM AMBR TO HGR & Change □ Add _□ Remove _□ Change _□ Remove ☐ Remove □ Change _□ Add ☐ Remove □ Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pu	rsuant to 605.0
ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	y tiling requirements, this date will	l not be listed
record specifies a delayed effective date, but not an effect. The 90th day after the record is filed.	ive time, at 12:01 a.m. on	the earlier
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Signature of a number or authorized represer	ntativo of a mombar	

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Filing Fee: \$25.00