

L18 000 112 137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

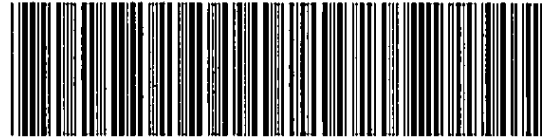
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500333964615

09/11/19--01004--028 **25.00

R. WHITE
SEP 21 2019

2019 SEP 11 PM 12:37

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GASLAMP HOSPITALITY, 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:

KEVIN LILLY JR

Name of Person

Firm/Company

805 E. CURTIS ST.

Address

Tampa, Florida 33603

City/State and Zip Code

KEVIN@ROCKBROTHERSBREWING.COM

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

For further information concerning this matter, please call:

Kevin Lilly Jr.

917

324-8175

at (_____)

Name of Person

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

10

2019 SEP 11 PM 12:37

(A Florida Limited Liability Company)

Page 1 of 3

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	KEVIN LILLY JR	805 E. CURTIS ST	<input type="checkbox"/> Add
		TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRIS JIMENEZ	2921 W. WALLCRAFT AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTHONY MARINO	111 N. 12 ST. # 1605	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WADE SCOTT BLACK	606 W. SWANN AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KENNETH EMERY	14 NORTH MARKET STREET	<input checked="" type="checkbox"/> Add
		CHARLESTON, SC 29401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

09/01/2019

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

9.5.13.

Signature of a member or authorized representative of a member

KEVIN LILLY JR.

Typed or printed name of signee