

L19000157628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

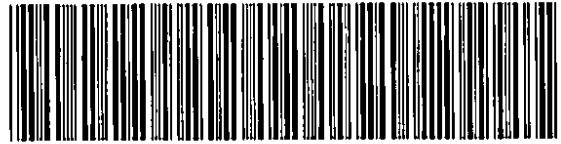
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONS

JUL 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GINGERBREAD SUPPLY, 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:

KRISTOPHER M HANDSEL

Name of Person

GINGERBREAD SUPPLY, LLC

Firm/Company

174 OLD TAMIAMI TRAIL

Address

NAPLES, FL 34110

City/State and Zip Code

GINGERBREADSUPPLY@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTOPHER M HANDSEL

239 249-3096
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
AMBR	KRISTOPHER M HANDSEL	174 OLD TAMiami TRAIL	☐ Add
		NAPLES, FL 34110	☐ Remove
			☐ Change
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TALLAHASSEE, FLORIDA

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

CHANGE KRISTOPHER M. HANDSEL MEMBERSHIP TO AMBR. LLC WAS NOT SETUP PROPERLY
DURING ORIGINAL FILING.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

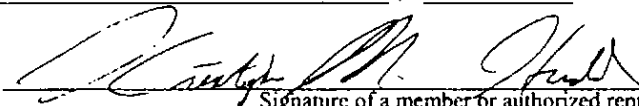
E. Effective date, if other than the date of filing: _____ (optional)

(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 1 JULY 2018



Signature of a member or authorized representative of a member

KRISTOPHER M. HANDSEL

Typed or printed name of signee