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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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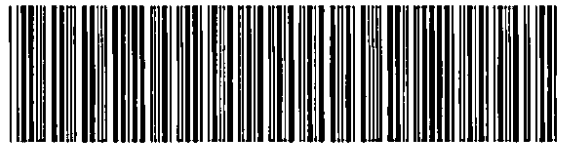
(Business Entity Name)

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DIVISION OF CORPORATION
18 SEP 17 AM 11:55

N COOPER

SEP 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gator-Tron 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:

Damien Brown

Name of Person

Gator-Tron LLC

Firm/Company

4988 NW 43rd Ave APT 104

Address

Gainesville, Florida 32606

City/State and Zip Code

store@gator-tron.com

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

For further information concerning this matter, please call:

Avinash Patel

352

8880060

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>
MGR	Niel Patel	4988 NW 43rd Ave Apt 104 Gainesville, FL 32606	☒ Add
			☐ Remove
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DIVISION OF INFORMATION
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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.

Dated 09/13/2018

Daniel M. Fran

Signature of a member or authorized representative of a member

Damien Brown

Typed or printed name of signee