

LP9000144348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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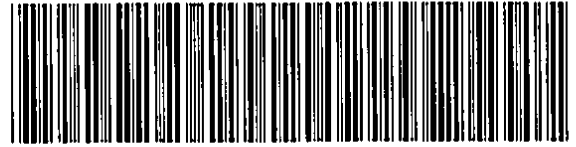
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

GH NAUTICAL LEISURE LLC

SUBJECT: _____
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:

JORGE DANIEL GHIRAGOSSIAN

Name of Person

GH NAUTICAL LEISURE LLC

Firm/Company

12124 N EDGEWATER DRIVE

Address

PALM BEACH GARDENS, FLORIDA 33410

City/State and Zip Code

GHIRAGOSSIAND@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE DANIEL GHIRAGOSSIAN

561

762-6160

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

**TO
ARTICLES OF ORGANIZATION
OF**

GH NAUTICAL LEISURE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05 | 30 | 2019 and assigned
Florida document number L19000144348.

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: JORGE DANIEL GHIRAGOSSIAN

New Registered Office Address: 12124 N EDGEWATER DR.

Enter Florida street address

PALM BEACH GARDENS, Florida 33410
City 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

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	ALENIEL, INC	12124 N EDGEWATER PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE DANIEL GHIRAGOSSIAN	12124 N EDGEWATER PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

1. *What is the main purpose of the study?*
 2. *What are the research objectives?*
 3. *What is the significance of the study?*
 4. *What are the limitations of the study?*
 5. *What are the conclusions of the study?*
 6. *What are the recommendations of the study?*
 7. *What are the future research directions?*
 8. *What are the acknowledgments?*
 9. *What are the references?*
 10. *What are the appendices?*

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

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 June 17, 2019

of a member or authorized representative

Typed or printed name of signee