

L19000225349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

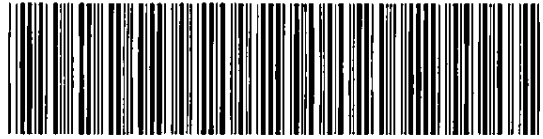
(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/23--01023--012 **25.00

FILED
2023 OCT 13 PM 2:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2023

GION LEONE
PO BOX 1464
OCALA, FL 34478

SUBJECT: GK SOLUTIONS OF FLORIDA LLC
Ref. Number: L19000225349

RECEIVED
2023 NOV -6 PM 2:31
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for GK SOLUTIONS OF FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Octavia L Simmons
Supervisor

Letter Number: 223A00024544

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GK SOLUTIONS OF FLORIDA, 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:

GION LEONE

Name of Person

GK SOLUTIONS OF FLORIDA, LLC

Firm/Company

PO BOX 1464

Address

OCALA, FL 34478

City/State and Zip Code

G.LEONE@THEGKSOLUTION.COM

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

For further information concerning this matter, please call:

GION LEONE

352 566-4016
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2019-09-16
09:00

GK SOLUTIONS OF FLORIDA, 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 9/16/2019 and assigned
Florida document number L19000225349.

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)

4216 SE 5TH STREET

OCALA, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1464

OCALA, FL 34478

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:

New Registered Office Address:

4216 SE 5TH STREET

Enter Florida street address

OCALA

City

, Florida 34471

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

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00