

L20000052917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

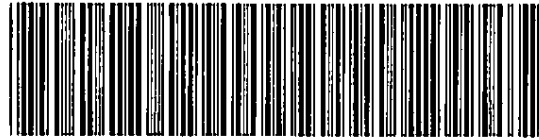
(Business Entity Name)

(Document Number)

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SEP 15 2020

S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALBANY, NEW YORK

2020 JUL 24 AM 7:27

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G ACCOUNTING, 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:

ANGELIQUE M GETCHELL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3025 HAVERFORD DR

\_\_\_\_\_  
Address

CLEARWATER, FLORIDA 33761

\_\_\_\_\_  
City/State and Zip Code

ANGELIQUE@GACCOUNTINGLLC.COM

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

For further information concerning this matter, please call:

ANGELIQUE GETCHELL

727 460-9064  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

GACCOUNTING 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 02/17/2020 and assigned  
Florida document number L20000052917.

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

3025 HAVERFORD DR

CLEARWATER, FLORIDA 33761

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3025 HAVERFORD DR

CLEARWATER, FLORIDA 33761

**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:

ANGELIQUE M GETCHELL

New Registered Office Address:

3025 HAVERFORD DR

*Enter Florida street address*

CLEARWATER

Florida 33761

*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

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>
MGRM	ANGELIQUE M GETCHELL	3025 HAVERFORD DR	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA 33761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CODY A GETCHELL	3025 HAVERFORD DR	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA 33761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AMENDING PHYSICAL AND MAILING ADDRESS FOR G ACCOUNTING, LLC.

AMENDING NAME OF ANGELIQUE M GRAINER TO ANGELIQUE M. GETCHELL PER ENCLOSED

MARRIAGE LICENSE.

ANGELIQUE M. GETCHELL IS A MANAGING MEMBER, AMENDING MGR TO MGRM

AMENDING ADDRESS FOR ANGELIQUE M GETCHELL TO NEW ADDRESS.

AMENDING ADDRESS FOR CODY A GETCHELL TO NEW ADDRESS.

AMENDING CODY A GETCHELL'S TITLE FROM MGRM TO AMBR.

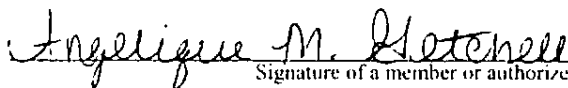
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 JULY 21, 2020



Signature of a member or authorized representative of a member

ANGELIQUE M GRAINER (NOW KNOWN AS ANGELIQUE M GETCHELL)

Typed or printed name of signee

**Filing Fee: \$25.00**

Department of Health • Office of Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk  
Circuit or County Court appears thereon

(STATE FILE NUMBER)

2020 ML 4809818

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) CODY ALEXANDER ARTHUR GETCHELL		1b MAIDEN SURNAME (if applicable) GETCHELL	2. DATE OF BIRTH (Month, Day, Year) 07/30/1991
3a RESIDENCE - CITY, TOWN OR LOCATION CLEARWATER	3b COUNTY PINELLAS	3c STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a NAME OF SPOUSE (First, Middle, Last) ANGELIQUE MARIE GRAINER		5b MAIDEN SURNAME (if applicable) GRAINER	6. DATE OF BIRTH (Month, Day, Year) 11/02/1990
7a RESIDENCE - CITY, TOWN OR LOCATION CLEARWATER	7b COUNTY PINELLAS	7c STATE FLORIDA	8. Birthplace (State or Foreign Country) TENNESSEE
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/02/2020	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/02/2020	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 06/02/2020	19a. DATE LICENSE EFFECTIVE 06/05/2020	19. EXPIRATION DATE 08/01/2020
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	20c. BY D.C. ER
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 06/07/2020		22. CITY, TOWN OR LOCATION OF MARRIAGE Safety Harbor	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23b. ADDRESS (Of person performing ceremony) 2394 Whittier Branch 33556	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For notary stamp) Kathleen R. Gassen Notary public State of Florida		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	



are 20  
*[Signature]*