## L20 000 157232

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200364893812

04/26/21--01013--018 \*\*50.00

P11\_1111 2021 NPR 26 PH 5: 45 15PMS MORE FLOWER

16.

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CHIP IE CT.	GEROSA RANCH LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Trisha Stone    Name of Person			
Please return all correspo	ondence concerning this matter	to the following:		
	Trisha Stone			
		Name of Person		
		Firm/Company		
	7807 Alafia Ridge Road			
		Address		
	Riverview, FL 33569			
	trishs?111@yahoo.com	City/State and Zip Code		
	<del>~ -</del>	to be used for future annual report not	ification)	
For further information e	oncerning this matter, please co	all:		
Trisha Stone		813 210-0481		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GINGEROSA RANCH 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  $\frac{06/08/2020}{1}$ \_\_\_\_\_ and assigned 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: New Registered Office Address: Enter Florida street address

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.

City

\_, Florida \_\_\_

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>	Type of Action
MGR	Jason Stone	7807 Alafia Ridge Road	
		Riverview, FL 33569	■Remove
			□Add
			□ Remove
			Change RAdd RAdd
			DRIVE ST. L. Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Cl Change
		****	🗆 Add
			□Remove
			□ Chance

						_
			<del>- 1</del>			_
			<del>_</del> .			_
					·	<del></del>
					<del>-</del>	_
<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>			-
						_
				<b>三</b>	202	
				A::	<u>- 1</u>	- •;;
						Total No.
<del></del>						1 . T.!
				int on		
					- En	
			·	<del></del>		~
						-
						_
<del></del>						_
	than the date of filin	04/22/2021		(optional)		
Effective date, if other t	e date must be specific and	d cannot be prior to d	ate of filing or more tha	n 90 days after filing.) F	ursuant to 60	)5.0207 (
f an effective date is listed, th	on the Department of 5	State's records.	. statutory tamig requ	inements, this date w	III HOT OC IIS	sieti as i
f an effective date is listed, th Note: If the date inserted	on the Department of a					
f an effective date is listed, th  Note: If the date inserted	on the Department of t					
f an effective date is listed, th  Note: If the date inserted document's effective date record specifies a delayer	-		at 12;01 a.m. on the	earlier of: (b) The	90th day aft	er the
fan effective date is listed, th  Note: If the date inserted document's effective date crecord specifies a delayer d is filed.	-		at 12;01 a.m. on the	earlier of: (b) The	90th day aft	er the
Effective date, if other to fan effective date is listed, the Note: If the date inserted document's effective date is record specifies a delayerd is filed.  April 22	-		at 12;01 a.m. on the	earlier of: (b) The	90th day aft	er the
fan effective date is listed, th  Note: If the date inserted document's effective date record specifies a delaye	-	t an effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day aft	er the
fan effective date is listed, the Note: If the date inserted locument's effective date record specifies a delayer d is filed.	d effective date, but not	t an effective time.	at 12:01 a.m. on the		90th day aft	er the

Filing Fee: \$25.00