

L210000087083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

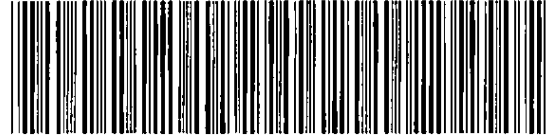
(Business Entity Name)

(Document Number)

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09/09/24--01016--014 **43.75

FILED
2024 OCT -1 AM 10:32
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gina Sweringen, 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:

Gina S. Lawson
Name of Person

Gina Sweringen, LLC
Firm/Company

125 Oak Lane
Address

Ormond Beach, FL 32174
City/State and Zip Code

GinaLawson816@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina S. Lawson at (386) 316-1774
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2024

GINA LAWSON
GINA SWERINGEN, LLC
125 OAK LANE
ORMOND BEACH, FL 32174

SUBJECT: GINA SWERINGEN, LLC
Ref. Number: L21000087083



We have received your document for GINA SWERINGEN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 224A00020537

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Gina Sweringen, LLC

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

FILED
2024 OCT -1 AM 10:32

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02-21-2021 and assigned
Florida document number L21000087083.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Gina Sweringen Lawson, LLC

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

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2024 OCT -1 AM 10:32
TALLAHASSEE, FLORIDA

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2024 OCT -1 AM 10:32
TALLAHASSEE, FLORIDA

09-20-2024

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 September 20th 2024

Signature of a member or authorized representative of a member

Gina S. Lawson

Filing Fee: \$25.00