

1Z1000201709

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TALLAHASSEE, FLORIDA

2021 JUN 14 AM 8:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GSK ELECTRONICS, 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:

Garnard RICHARDSON

Name of Person

GSK ELECTRONICS, LLC

Firm/Company

1501 crescent circle Apt A-3

Address

Lake park, FL 33403

City/State and Zip Code

Richard7347@gmail.com

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

For further information concerning this matter, please call:

Garnard RICHARDSON

at (561)

541-4846 (3 Pm - 6Pm)

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**

GSK ELECTRONICS, 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 06/04/2021 and assigned Florida document number L21000201709.

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

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

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>
AMBR	GAMARD RICHARDSON	1501 CRESCENT CIRCLE APT A-3 LAKE PARK FL. 33403	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARSON G, AMARD		<input type="checkbox"/> Add
		1501 CRESCENT CIRCLE APT A-3 LAKE PARK FL. 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NERLANDE RICHARDSON ALCIUS	1501 CRESCENT CIRCLE APT A-3 LAKE PARK FL. 33403	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NERLANDE RICHARDSON ALCIUS		<input type="checkbox"/> Add
		1501 CRESCENT CIRCLE APT A-3 LAKE PARK FL. 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CALIFORNIA

2021 JUL 14 AM 8:51

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 06/04/ 2021

Samard Richardson
Signature of a member or authorized representative of a member

Typed or printed name of signee

Florida DRIVER LICENSE

R263-280-79-334-0 CLASS E

RICHARDSON
GAMARD
 1501 CRESCENT CIR APT A3
 LAKE PARK, FL 33403-2250
 BDOB: 09/14/1979 SEX: M
 EXP: 09/14/2028 HEIGHT: 5'-06"
 REST: NONE END: NONE

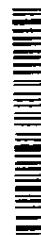
SAFE DRIVER
 4a RGS: 06/18/2020
 SDC: 1432008183784

Operation of a motor vehicle constitutes
 consent to any sobriety test required by law

The State
 of Florida
 retains all
 property
 rights herein.
 Rev.
 05/01/2019



21
 20112



CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs
 or any RV
 REST: None
 END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS
 OF ADDRESS OR NAME CHANGE
WWW.FLHSMV.GOV