

L21000221758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

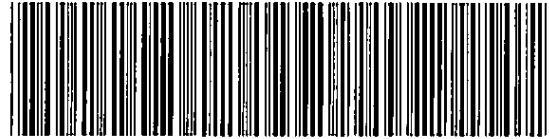
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

name N/A L19-84115 a/19

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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2024

GYPSY LIVING SOLUTIONS LLC
QUEEN FREEMAN
75 DOGWOOD DRIVE LOOP
OCALA, FL 34472

SUBJECT: GYPSY LIVING SOLUTIONS LLC
Ref. Number: L21000221758

We have received your document for GYPSY LIVING SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

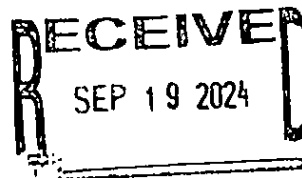
The document number of the name conflict is L19000084115.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 624A00018231



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gypsy Living Solutions 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:

QUEEN FREEMAN
Name of Person
Gypsy Living Solutions LLC
Firm/Company
75 Dogwood Drive Loop
Address
OCALA, FLORIDA 34472
City/State and Zip Code
MZSTIQUE1995@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

QUEEN FREEMAN at (352) 286-1774
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Gypsy Living Solutions LLC

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

ALL

2024 SEP 19 08:11:01 PM

The Articles of Organization for this Limited Liability Company were filed on 5.12.21 and assigned
Florida document number L21000221758.

This amendment is submitted to amend the following:

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

THE GYPSY COLLECTIVE, 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)

75 Dogwood Drive Loop
Ocala, FL 34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

75 Dogwood Drive Loop
Ocala, FL 34472

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:

QUEEN FREEMAN

New Registered Office Address:

75 Dogwood Drive Loop

Ocala

City

Florida

34472

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

[illegible]

[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.

SEPTEMBER 13, 2024

Signature of a member or authorized representative of a member

MIKE FREEMAN

Typed or printed name of signee

2024-2025 191113000