

L 21 000 3 50 4129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

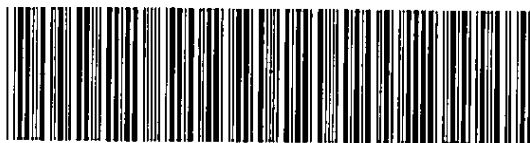
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2021 SEP -1 PM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GL EVENTS 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:

EDUARDO E GONGORA
Name of Person
GL EVENTS LLC
Firm/Company
4303 42ND AVE NORTH ST
Address
PETERSBURG, FL 33714
City/State and Zip Code
eddyenrique85@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
2021 SEP -1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

EDUARDO E GONGORA
Name of Person
772 488-5097
at ()
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 &
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

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>
MGR	EDUARDO E GONGORA	4303 42ND AVE NORTH ST	<input type="checkbox"/> Add
		PETERSBURG, FL 33714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
M	TAYLOR MEREDITH	4303 42ND AVE NORTH ST	<input type="checkbox"/> Add
		PETERSBURG, FL 33714	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOHNNY F VAZQUEZ, SR	2537 STOCKBRIDGE SQUARE SW	<input type="checkbox"/> Add
		VERO BEACH, FL 32969 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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021 SEP - 1 PM 8:00
TALLAHASSEE, FL
RECEIVED

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-11-2010 BY 60322 UCBAW

2021 SEP -1 PM 8:00

(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)

Dated 8-27 2021

Typed or printed name of signee