## D990000999000

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

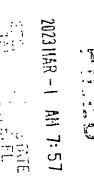
Office Use Only

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CF 3/3/2023

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		ight Losers, LLC		
, o <b>20 1</b> , o 1 1		Name of Lim	ited Liability Company	
he enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Wilson Gaberino		
			Name of Person	
		The Late Night Losers, LL	C	
			Firm/Company	
		325 NW 14th Street, Apt. 3	205	
			Address	<del></del>
		Gainesville, FL 32603		
			City/State and Zip Code	
		wgaberino2000@gmail.com		
		E-mail address; (	to be used for future annual rep	ort notification)
For further in	nformation c	oncerning this matter, please c	all:	
Wilson Gab	erino		251 978-8 at ()	050
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	re following amount:		
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 2 Sectio
	illing Addres		Street Addi	ress:
	gistration S vision of C	Section forporations		on Section of Corporations
P.C	D. Box 632	7	The Centr	e of Tallahassee
Tal	llahassee, l	FL 32314		Monroe Street, Suite 810 se, FL 32303



January 30, 2023

WILSON GABERINO 325 NW 14TH STREET APT 205 GAINESVILLE, FL 32603

SUBJECT: THE LATE NIGHT LOSERS LLC

Ref. Number: L22000022000

We have received your document for THE LATE NIGHT LOSERS 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 document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

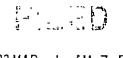
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

MAR - 1 2023

Letter Number: 423A00002163

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR - 1 AM 7:57

The Late Night Losers, 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 Florida document number 1.22000022000	were filed on January 06, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	325 NW 14th Street, Apt. 205	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  325 NW	Gainesville, FL 32603	
Enter new mailing address, if applicable:	325 NW 14th Street, Apt. 205	
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32603	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addre	33
<del></del>	, FI	lorida
New Registered Agent's Signature, if changing Registered Agent:	City	лр Coxie
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
AMBR	CHRIS SCHAEFER	1722 NW 5TH AVE	
		GAINESVILLE, FL. 32603 US	■Remove
			□Change
AMBR THOMA	THOMAS ALLAIN	631 NW 36TH TERRACE	□Add
		GAINESVILLE, FL. 32607 US	🗀 Remove
			■Change
AMBR	JACOB WELDON	631 NW 36TH TERRACE	□Add
		GAINESVILLE, FL. 32607 US	□Remove
			□Add
			□ Remove
			□Change
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	ite of filing: e specific and cann c does not meet	the applicable	date of filing or me	ore than 90 days aff	tional) ter filing.) Pursuant his date will not	t to 605.020 be listed a
record specifies a delayed effective d Lis filed.	ate, but not an e	ffective time	at 12:01 a.m. c	n the earlier of:	(b) The 90th da	y after the
November 03	20	)22	-			
1.1						
MION			ed representative			

Filing Fee: \$25.00