

L22000022000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

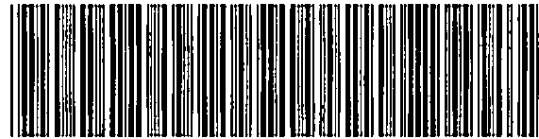
(Document Number)

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STATE
TAL
FILE

cf 3/3/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Late Night Losers, 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:

Wilson Gaberino

Name of Person

The Late Night Losers, LLC

Firm/Company

325 NW 14th Street, Apt. 205

Address

Gainesville, FL 32603

City/State and Zip Code

wgaberino2000@gmail.com

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

For further information concerning this matter, please call:

Wilson Gaberino

251 978-8050
at ()
Area Code Daytime Telephone Number

Name of Person

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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):

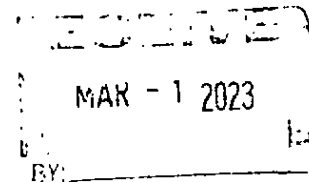
The document must be signed by a member or an authorized representative of a member.

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

Letter Number: 423A00002163



FILED

SECRET STATE
TALLAHASSEE, FL

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

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	CHRIS SCHAEFER	1722 NW 5TH AVE	<input type="checkbox"/> Add
		GAINESVILLE, FL. 32603 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THOMAS ALLAIN	631 NW 36TH TERRACE	<input type="checkbox"/> Add
		GAINESVILLE, FL. 32607 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JACOB WELDON	631 NW 36TH TERRACE	<input type="checkbox"/> Add
		GAINESVILLE, FL. 32607 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 November 03, 2022

W/ear

Wilson Gaberino

Filing Fee: \$25.00