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## **COVER LETTER**

Division of Co				
G&P DOI SUBJECT:	ES IT ALL LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Gloria Spearmon			
		Name of Person	<u> </u>	
	G&P DOES IT ALL LLC			
		Firm/Company		
	Po Box 2679			
		Address		
	Bunnell FL 32110			Jase Target
	g.s.lovebiz@gmail.com	City/State and Zip Code		SECRETARY OF STATE
	E-mail address: (	to be used for future annual report notif	ication)	50 7
For further information	concerning this matter, please concerning	all:		STON TO
Gloria Spearmon		9()4 553-4421 at ()		THE OF
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy i	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaceas El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

G&P DOES IT ALL LLC

( <u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our roted Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comparison document number $\frac{L24000206175}{L24000206175}$ .	any were filed on May 02, 202	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3761 S Nova Rd Ste P PO	RT ORANGE, FL 32129
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:	Po Box 2679 Bunnell Fl 3	2110
(Mailing address MAY BE A POST OFFICE BOX)		SECRETARY TO
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the few registere
Name of New Registered Agent:		55
New Registered Office Address:		
	Enter Florida street a	
	City	, Florida

## 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gloria Spearmoon	3690 BEACON HILL RD APT 108PORT ORANGE	E. I □Add
			≣Remove
			□Change
AMBR	Gloria Spearmon	Po Box 2679 Bunnell FL 32110	<b>=</b> Add
	•		□Remove
			□Change
			□Add
			□Remove
			Change
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ffective date, if other than th	e date of filing:	r to data of filing or more than 00.	(optional) days after filing.) Pursuant to 605.020
iote: If the date inserted in this l	block does not meet the applic	cable statutory filing requirem	nents, this date will not be listed as
ocument's effective date on the l	Department of State's records		
record specifies a delayed effecti	ve date, but not an effective t	ime, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
l is filed.		William William William Control	io vi. (v) The zim day arer me
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ated			
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