

L24000271743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

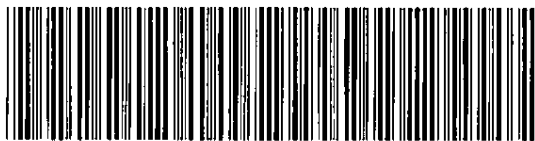
(Business Entity Name)

(Document Number)

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2024 SEP 23 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gucci Plie 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:

Jessica Crawford

\_\_\_\_\_  
Name of Person

Esposito Law Group, P.A.

\_\_\_\_\_  
Firm/Company

537 10th Street West

\_\_\_\_\_  
Address

Bradenton, FL 34205

\_\_\_\_\_  
City/State and Zip Code

jessica@espositolegal.com

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

For further information concerning this matter, please call:

Jessica Crawford

\_\_\_\_\_  
Name of Person

941  
at ( )

Area Code

251-0000

\_\_\_\_\_  
Daytime Telephone Number

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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	David Kirkpatrick	2150 Harden Blvd	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Kirkpatrick	1300 Jefferson Drive	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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WASHINGTON, D.C.

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TALLAH

(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.

Dated AUGUST 12, 2024

*[Signature]*  
Signature of a member of the

Signature of a member or authorized representative of a member

David Kirkpatrick

Typed or printed name of signee

**Filing Fee: \$25.00**