

M19 0000009726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

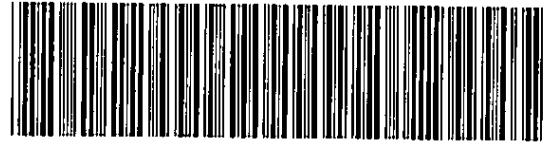
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2022 OCT -3 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GBA Builders, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Lange

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

GBA Builders, LLC

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

9801 Renner Blvd.

\_\_\_\_\_  
Address

Lenexa, KS 66219

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

licenses@gbabuilders.com

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

For further information concerning this matter, please call:

Shaun Kotwitz

at ( 913 ) 492-0400

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2022 OCT -3 AM 11:18  
CORPORATION

September 20, 2022

ASHLEY LANGE  
9801 RENNER BLVD.  
LENEXA, KS 66219

SUBJECT: GBA BUILDERS, LLC  
Ref. Number: M19000009726

We have received your document for GBA BUILDERS, 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):

You failed to make the correction(s) requested in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 822A00019476

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: GBA Builders, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)**

**FILED**  
**2022 OCT -3 AM 8:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

2. The Florida document number of this limited liability company is: M19000009726

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: 09/23/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

\_\_\_\_\_, *City*

\_\_\_\_\_, *Zip Code*

**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.*

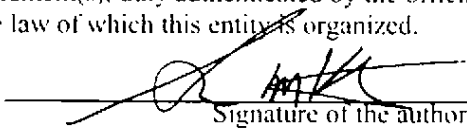
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u>          | <u>Address</u>          | <u>Type of Action</u>                      |
|------------------------|----------------------|-------------------------|--|
|                        | Timothy J. Ross      | 4825 Pawnee             | <input checked="" type="checkbox"/> Add    |
|                        |                      | Roeland Park, KS 66205  | <input checked="" type="checkbox"/> Remove |
| Secretary              | Michael S. Glasker   | 14329 Wallace Road      | <input checked="" type="checkbox"/> Add    |
|                        |                      | Winchester, KS 66097    | <input type="checkbox"/> Remove            |
| VP                     | James R. Jarrett     | 7273 Flint Drive        | <input checked="" type="checkbox"/> Add    |
|                        |                      | Shawnee, KS 66203       | <input checked="" type="checkbox"/> Remove |
| VP                     | Joshua D. Reeves     | 21334 W 59th Street     | <input checked="" type="checkbox"/> Add    |
|                        |                      | Shawnee, KS 66218       | <input type="checkbox"/> Remove            |
| VP                     | Douglas K. Van Meter | 6400 W 101st Place      | <input checked="" type="checkbox"/> Add    |
|                        |                      | Overland Park, KS 66212 | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Shaun M. Kotwitz

Typed or printed name of signee

Filing Fee: \$25.00