L2300075235

(Reque	stor's Name)	
(Addres	ss)	
(Addre	ss)	
(City/Si	tate/Zip/Phone #	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	
	<u> </u>	

Office Use Only



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cp 3/9/23

COVER LETTER

TO: Registration Section

Division of Cor	porations			
. GBS GENI	ERAL BUILDING SOLUTION	SS LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		-		
Please return all correspo	ndence concerning this matter	to the following:		
	DAVILSON RODRIGUE	S		
		Name of Person		
	ADR ACCOUNTING SEE	RVICES CORP.		
		Firm/Company		
	4699 N FEDERAL HWY	SUITE 109E		
		Address		
	POMPANO BEACH, FL.	33064		
		City/State and Zip Code		
	ACCOUNTINGSERVICES	-		
	E-mail address: (to be used for future annual report not	(ification)	
For further information c	oncerning this matter, please c	all:		
DAVILSON RODRIGU	ES	954 543-2882		
Name of Person		954 543-2882 at () Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration 5			Registration Section Division of Corporations	
Division of C P.O. Box 632	•	The Centre of		
Tallahassee,			be Street, Suite 810	
rananassee,	En -/ en -/	# 117 11 11KOIII	or parent dame and	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	2023 HAR -8 /	IH 7: 20
GBS GENERAL BUILDING SOLUTIONS LLC		
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	pany) IALL HACE	TE, FL
The Articles of Organization for this Limited Liability Company were filed		igned
Florida document number L23000075235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	<u>inv here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.I	L.C."
Enter new principal offices 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)		
 		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:		
New Registered Office Address:		
Em	ter Florida street address	

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, 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>	Address	Type of Action
MGR	ADELMO LUIZ FERNANDES	11461 SW 103RD ST	□Add
		MIAMI, FL 33176	■Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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