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(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Ĉit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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A. LUNT			
	MAR 2	Į.	
	EXAM	INER	



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03/25/11--01008--016 **25.00



COVER LETTER

	ion Section of Corporations		
SUBJECT:		General Gervice ted Liability Company	ts llc
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	prespondence concerning this matter	to the following:	
	_ Javier 1	Sierra Name of Person	
		Name of Person	
	Fox Gel	nelal Selvices	LLC
		Firm/Company	
	3315 Pineo	Walk DRN#2 Address	2011 MAR 25
	710295110	City/State and Zip Code	
	JaviER 6 Sie	City/State and Zip Code CEQ (Q) h o T mai / . To be used for future annual report notifica	com.
For further informa	ation concerning this matter, please c	-	63
Javiel	L. Siella	. 661. 684119	9
N	Iame of Person	at (<u>561) 584/19</u> Area Code & Daytime T	'elephone Number
Enclosed is a check	for the following amount:		
∑ \$25.00 Filing Fo	ee \$\begin{aligned} \$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)
	AAILING ADDRESS: tegistration Section	STREET/COURIER Registration Section	
D	Division of Corporations CO. Box 6327	Division of Corporati Clifton Building	ons

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR VainTing & Gen	repal Services LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L0.500036446</u> .	were filed on 04/14/2005 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	pility company here:			
FOR General Geru	vices lle			
The new name must be distinguishable and end with the words "Limi"L.L.C."	• • • •			
Enter new principal offices address, if applicable:	717 NW 70Th Way, MargaTe Fl 33063			
(Principal office address MUST BE A STREET ADDRESS)	Fl 33063			
	2011 ALL			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	20 N			
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new			
registered agent and/or the new registered office address her				
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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = I	Managing Member		
<u> Fitle</u>	Name	Address	Type of Action
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-•			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	ارم) بالم
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Tated 4	laech 23, 201		_
	awei seua)	
	Signature of a member Tavier L 6.	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00