

LOL 0000 76751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

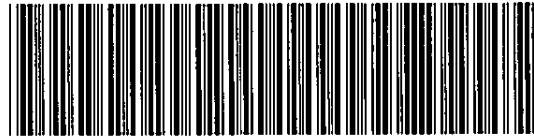
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/16--01014--023 **35.00

RECEIVED
16 MAY -6 AM 7:41
SECRETARY OF STATE
FALL MASSACHUSETTS LONDON

MAY 09 2016
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2016

LUCINDA ADDISON
1911 SW 148TH WAY
MIRAMAR, FL 33027

SUBJECT: GEM JANITORIAL LLC
Ref. Number: L06000036391

We have received your document for GEM JANITORIAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 816A00008442

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEM Janitorial 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:

Lucinda Addison
Name of Person

Firm/Company

9031 Pembroke Rd
Address

Pembroke Pines, FL 33025
City/State and Zip Code

homeownersservicesfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Addison at (352) 392 4875
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

GEM Sanitorial LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/6/2006 and assigned Florida document number LD6000036391.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.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 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

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>
<u>Mgr</u>	<u>Edward Baldie</u>	<u>2255 SW 183rd Terrace</u> <input checked="" type="checkbox"/> Add	
		<u>Miramar, FL 33029</u> <input type="checkbox"/> Remove	
		<u></u> <input type="checkbox"/> Change	
		<u></u> <input type="checkbox"/> Add	
		<u></u> <input type="checkbox"/> Remove	
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		<u></u> <input type="checkbox"/> Remove	
		<u></u> <input type="checkbox"/> Change	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 MAY -5 AM 7:4
SECRETARY G. SIA
BULLMANASSEE, FLOR

16 MAY -5 AM 7:41
STEFANY G. SMITH
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, _____

Bye

By:

Richard A Addison

Typed or printed name of signee