Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: GEM JANITORIAL, LLC Account Name

Account Number : I20230000164 : (754)226-9387 Phone Fax Number : (954)284-6729

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GEM JANITORIAL LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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| Estimated Charge | \$25.00 |

NOV 0 3 2023

| TO: Registration Livision of C | , Section Corporations | | |
|-----------------------------------|--|--|---|
| publect: C | em Janit | OVIAL UC | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Bernadelle | Demosthene - Name of Person | Filiasse |
| | Gen | Janitoria Firm Company | L, LLC. |
| | 90317 | Pembrola Ro | <u>J.</u> |
| | Pembrok | City/State and Zip Code | 33025 |
| | Homeburg (E-mail address: (| SSE VICES FIGURE | camail.com |
| For a other information (| concerning this matter, please c | all: | |
|)21rridelle Dr Name o | ^- | Area Code Daytim | 9387 ox 954 - 682 - 3594 the Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$\frac{1}{25.00}\$ Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee 7: Certified Copy (additional copy is enclosed) | ☐ 360.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| Same of the Limited | O Liability Compa | ORGANIZATION F ON 10 L C. The second of the control of the cont | 2023 NOV -3 |
|---|---------------------------|--|--------------------------|
| The Articles of Organization for this Limited Liab Elorida document number LDbbbb31 This amendment is submitted to amend the follow | <u> 198</u> م | were filed on | Tud assigned |
| A. If amending usme, enter the new name of the new name of the new name must be distinguishable and contain the word Einter new principal offices address, if applicable (Principal office address MUST BE A STREET). | ds "Limited Liabii le: | hity Company," the designation "LLC" or the a | _ 1 |
| Finter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>2X)</u> | 16711 NE 19th A North Miani Brock | NE 33162 |
| B. If amending the registered agent and/or reg | | address on our records, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent: New Registered Office Address: | 16711 | Lefte DemoShord: NE 19th AVE Exter Florida street address caui Beach , Florida | |

16 w Registered Agent's Signature, if thanging Registered Agent:

thereby 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 obligation, 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 Ager !, Signature of New Begistered 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> | | Type of Action |
|---------------|---------------------------------------|--|-------------------------|
| HIGA | Michard D. Adison | 9031 Fembroke Ad. Pembroke pines JEL 330 |) 92 _ [] Yqq |
| | | | Remove |
| | | | Change |
| HIGH | Lucinda A. Addison | 9031 Pembroke Rd. Pembroke Pires, FL 33005 | ⊒Add |
| | | | E Remove |
| | | | □Change |
| MCB | Jeffrey Filiase | North Mann. Beach, FC 3316. | ⊃ ⊡Add |
| | | | © Remove |
| | | | Change |
| U. ah | Bernedelle Demosthere | Filiasse 16711 NE 19th AUT North Miami Beach, FL 3: | 5 4dd 3162. |
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| ote: If the da | ate inserted in th | the date of fil e must be specific its block does no he Department o | it meet the appli | icable stamtory t | r more than 90 days af | otional) fer filing.) Pursuant to 605.0 his date will not be listed |
| ecord specifies filed. | es a delayed eff | ective date (but r | not an effective | time, at 12:01 a. | m. o he earlier of: | (b) The 90th day after |
| ited <u>/ 0 -</u> | 31-2 | | | houte of representa | ilve of a inember | |