L06000075525

(Po	questor's Name)	
(Ne	questors Marrie)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
C-0.755 T-		IE REPAIR SERVICES, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		GARY WEEKS		
			Name of Person	
		GMS HOME REPAIR SE	RVICES, LLC	
			Firm/Company	
		5970 ALLIGATOR LAKE	SHORE WEST	
			Address	
		ST. CLOUD FLORIDA 34	1 771	
			City/State and Zip Code	
		GARY@GMS-CONSTRUC		
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
\DRI	AN MIDDLETON	!	850 728-2465 at ()	
	Name o	f Person	Area Code Daytim	c Telephone Number
clos	sed is a check for the	ne following amount:		
\$2	5.00 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 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

GMS HOME REPAIR SERVICES LLC

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited lands document number L06000075525	Liability Company were filed on 7	/31/2006 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company l	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		ED PH 2
Mailing address MAY BE A POST OFFICE	<u></u>	80
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the nev
Name of New Registered Agent:	ADRIAN MIDDLETON, ESQ.	
New Registered Office Address:	1469 MARKET ST.	
	Enter Fl	orida street address
	TALLAHASSEE	, Florida 32312
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 2pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 JOHN WOOD MGR 3224 PACKARD AVENUE ■ Add ST. CLOUD FLORIDA, 34772 □ Remove _☐ Change _□\Add _□ Remove _□ ¢hange _ 🗆 Aldd _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00