

LO7000057054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

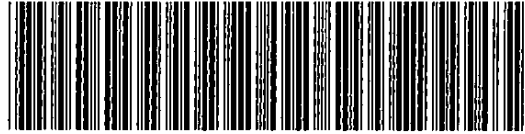
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRIGOS EXPRESS L.L.C.  
(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:

DIANA M OSPINA  
(Name of Person)

BRIGOS EXPRESS LLC  
(Firm/Company)

939 FLOWER FIELDS LN  
(Address)

ORLANDO FL 32824  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIANA M OSPINA at ( 407 ) 744 3586  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**BRIGOS EXPRESS L.L.C.**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 05/30/2007 and assigned document number L07000057054.

**SECOND:** This amendment is submitted to amend the following:

PLEASE AMEND LLC NAME FROM BRIGOS EXPRESS LLC to  
GBO REMODELING SERVICES L.L.C.

PLEASE FIND ATTACHED REGISTERED AGENT CHANGES AS WELL.  
PLEASE ADD AMPARO GARCIA WITH ADDRESS 6713 KELLAND AVE.  
ORLANDO, FL 32809 AS A MGMR

Dated NOVEMBER 12TH, 2007.

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TALLAHASSEE, FLORIDA



\_\_\_\_\_  
Signature of a member or authorized representative of a member

DIANA M. OSPINA

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**