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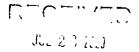
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CLIDALICE	actor Services, LLC	, *	
30030.01.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary Lemerand		
	Name of Person		
	G&T Contractor Services,	LLC	
		Firm/Company	
	8480 Manresa Avenue		
		Address	·
	Jacksonville, FL 32244		
		City/State and Zip Code	
	Jmoldgt@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Gary Lemerand		904 771-3588	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

763

G&T Contractor Services, LLC		生 1
(Name of the Limited I	iability Company as it now appears on our records. Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L08000081222		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regisagent and/or the new registered office address h		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
_	, Flor	
	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>	Address	Type of Action
MGR	Gale Lemerand	8480 Manresa Avenue	□Add
		Jacksonville, FL 32244	■Remove
			Change
MGR Gary Lemerand	Gary Lemerand	8480 Manresa Avenue	≣ Add
		Jacksonville, FL 32244	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		**************************************	□Change
			□Add
			□Remove
			Change
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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_ 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Gary Lemerand