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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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ucī 23 2015 J. HARRIS

COVER LETTER

TO: Registration 9 Division of Co		•	•
SUBJECT:	GAL Multise Name of Lim	ruices LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	<u>Osca</u>	Ruiz (Gastelu
•	G & L	Name of Person Lawn Maintener Firm/Company	ance Service LLC
	19250	SW 57th PLO	ace
	Dunni a-1 laur	ellon FL34 City/State and Zip Code maintenances erv to be used for future annual report notifi	432
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Oscar G. Name	Ruiz Gastelu of Person	at (35Z) 857 Area Code Daytime	- Z1 ZO Telephone Number
Enclosed is a check for	the 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 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

(Name of the Limited Liability C (A Florida Lin	ompany as it now appea	rs on our records.)		
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	4 .	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company h	ere:		
G & L Laun Mainten The new name must be distinguishable and contain the words "Limited	Liability Company," the	ice LLC designation "LLC" or the al	bbreviation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
Enter new mailing address, if applicable:			015 0CT 22 SECKEDAN	About the same of
(Mailing address MAY BE A POST OFFICE BOX)			PK 1:3	eg de State
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, <u>enter</u>	_ ი	of the no
Name of New Registered Agent:				-
New Registered Office Address:	Enter Flo	rida street address		
		, Florida		
	City		Zip Code	. —
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:			

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			· □ Change
			□ Remove
		·	□ Change
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			□ Remove
			☐ Change
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E. Effe	
E. Effe	ective date, if other than the date of filing:
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Not	ective date, if other than the date of filing:
<u>Not</u> doc If the	ective date, if other than the date of filing: 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 605.0 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
<u>Not</u> doc If the	ective date, if other than the date of filing:
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Not doc If the (b) T	ective date, if other than the date of filing:

Filing Fee: \$25.00