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2013 OCT 21 PH 12: 44 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporat			
SUBJECT: STON	Name of Limited	S Enterprises I Liability Company	UC
The enclosed Articles of Amen	ndment and fee(s) are submi	itted for filing.	
Please return all correspondence	ce concerning this matter to	the following:	
_	Tok	Name of Person	
		Firm/Company	
	4212 0	NOODLAKK DE	
_	Tar	City/State and Zip Code	24
	E-mail address: (to l	be used for future annual report notificatio	n)
For further information concer	ming this matter, please call	1 :	
John V. Name of Person	Arias	at (<u>813)</u> <u>863-7</u> Area Code & Daytime Teld	ephone Number
Enclosed is a check for the foli	lowing 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

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Entity Name

Florida Limited Liability Company

GROUP SERVICES ENTERPRISES LLC

Filing Information

Document Number

L13000137969

FEI/EIN Number

NONE

Date Filed

10/01/2013

State

FL

Status

ACTIVE

Effective Date

09/30/2013

Principal Address

4212 WOODLARK DR TAMPA,, FL 33624

Mailing Address

4212 WOODLARK DR TAMPA,, FL 33624

Registered Agent Name & Address

ARIAS, JENNIFER 4212 WOODLARK DR TAMPA, FL 33624

Manager/Member Detail

Name & Address

Title MGR

ARIAS, JENNIFER 4212 WOODLARK DR TAMPA, FL 33624

Annual Reports

No Annual Reports Filed

Document Images

1	0/14/13	Detail by Entity Name	
	10/01/2013 Florida Limited Liability	View image in PDF format	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 OCT 21 PM 12: 44
SECRETARY OF STATE.

			TALL	ARASSEE, FLURIDA
GROUP	Services		Prises U	~
(Name of the Limited (A	Florida Limited Liah	oility Company)	s on our records.	
The Articles of Organization for this Limited Lia	ibility Company w	ere filed on	10-1-13	and assigned
Florida document number <u>L\3000131</u>				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	l Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	T ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)			
			· • • • • • • • • • • • • • • • • • • •	
B. If amending the registered agent and/or the new registered off		e address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		ohn F	Arias	
New Registered Office Address:	4217	<u> </u>	color K I ter Florida street ad	dress
	Tar	npa	, Florida	3367U
		City		Zip Couc

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Arias	4512 Woodlark DR	Add
		YZIZ Woodlark DR Tampa, FL 33624	Remove
			- - □
			Add
			Kemove
			Add
			Remove
			_
			Add
			Remove
			_
			L Add
			Remove
			Remove
			Kemove

İfame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ed	10-12, 2013.
	L John J. Arias. Signature of a member or authorized representative of a member John J. Arias
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

