## L1500046405

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000304439800

10/12/17--01026--018 \*\*30.00

EL OCT 42 MINES 13

CCT 1 177

## **COVER LETTER**

7

Division of Co			<u>.</u>
G & G PR	O SERVICES LLC		A. P.
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SUSIE D'LEON		
		Name of Person	
	D'LEON INC		
		Firm/Company	
	11200 PINES BLVD SUF	ΓE 200	
		Address	<del></del>
	PEMBROKE PINES, FL	33026	
	SUSIE@DLEON.COM	City/State and Zip Code	
	<del>-</del>	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	ail:	
SUSIE D'LEON		954 6529475	
Name	of Person	at ()	: 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

G & G PRO SERVICES LLC

G & G PRO SERVICES LLC				
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears on or bility Company)	ur records.)	
The Articles of Organization for this Limited L	Liability Company w	ere filed on 03/16/20	15	and assigned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designat	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)		, , <u>, , , , , , , , , , , , , , , , , </u>	
				~# 
			:	CT.
<ol> <li>If amending the registered agent and egistered agent and/or the new registered or</li> </ol>		ce address on our	records, enter.	the name of the
egistered agent and/or the new registered o	mice address here.			
Name of New Registered Agent:	D'Leon	Inc.	<u> </u>	<u>ब</u>
New Registered Office Address:	11200 P	Enter Florida str		200
	Pembroke	_		33026
		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

Page 1 of 3

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>	Name	Address	Type of Action
AMBR	GRANADOS, EDWIN A	8721 WILES RD APT 15-208	
		CORAL SPRINGS, FL 306	■ Remove
			Change
		<del></del>	Remove
		<del></del>	☐ Change
			☐ Remove
			Change S
	<del> </del>		Add Remove
			Remove
		Remove	
			Change
		<del></del>	
			□ Remove
			□ Change

				<del></del>
		·		
	<del> </del>			
				<del>,</del>
		,		·
		· · · · ·		
	<del></del> -			<del></del>
	. <u>-</u>			
			<u>:</u>	30,
			1.00	**2
		· · ·		
	<del></del> .			<del>-6</del>
ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be pri  If the date inserted in this block does not meet the appl	licable statutory f	or more than 90 days	optional) safter filing.) s, this date v	Pursuant to 605.0 will not be listed
iment's effective date on the Department of State's record				
ecord specifies a delayed effective date, but r ne 90th day after the record is filed.	not an effectiv	e time, at 12:	01 a.m. (	on the earlier
1 Oct 6 201	<u>_</u> .			
Signature of member or au	thorized represents	tive of a member		

Page 3 of 3

Filing Fee: \$25.00