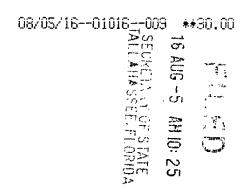
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(Re	equestor's Name)	
- (Ad	ldress)	
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(Cr	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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J. HARRIS

COVER LETTER

то:	Registration Section Division of Corpo		, , , , , , , , , , , , , , , , , , ,	
SŲBJE	ct: <u>Gilbe</u>	rts AA Lawn C	arye 1/C ted Liability Company	
			•	
The enc	losed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspond	ence concerning this matter t	to the following:	
		Terence	Cailbert Name of Person	· ·
			Firm/Company	
		6755 Gold	Tocks lane Address	
		Jacksonville	Florida 32210 City/State and Zip Code xehame repair (0) o be used for future annual report notifice	
		Gilbertapplian E-mail address: (1	we have repair a co	inall-com
For furt		cerning this matter, please ca		
	erence Name of P	Gilbert erson	at (904) 654 - 1 Area Code Daytime T	S 6D clephone Number
Enclose	ed 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

Gibert AH Lawn la	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 4117/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Gilbert appliance & home The new name must be distinguishable and contain the words "Lim	repair llc nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6755 Goldilocks lane
(Principal office address MUST BE A STREET ADDR	RESS) Jacksonville Florida 32210
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	backsonulle florida 32210
registered agent and/or the new registered office add	
Name of New Registered Agent:	irence Gilbert
New Registered Office Address: 67	55 Goldilouks lane Enter Florida street address
<u>. </u>	Kernylle , Florida 32210 Zip Code
New Pagistared Agent's Signature if shanging Degisters	d Agents

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 Title <u>N</u>ame **Address Type of Action** Tevence J. Grilbert AMBR 6755 Groldilocks lane Add Jacksonville Florida 32210 Remove Change Mar Tevence J. Gilbert 6755 Goldelocks lane BAdd Jackson ville Flonda 32210 Remove _□ Change Melissud. Gulbert 6755 Goldilocker lane DAdd Jackson le Horlde 32210 Remove Change □ Add ☐ Change Change ☐ Remove ☐ Change

O. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)	
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Note:	ve date, if other than the date of filing: 8/3/2016 (option continuous date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	filing.) Pursuant to 605.	
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a$ 90th day after the record is filed.	.m. on the earlie	er of:
Dated .	8/2/2016 . 14		
,			
	Signature of a member or authorized representative of a member Therence Gilbert Typed or printed name of signee	16 AUS SECRETARI	in the second
	Typed or printed name of signee	Service Servic	e udtize e uduk e
	Page 3 of 3	113 45 113 45 101 MV	1
	Filing Fee: \$25.00		