

LI5000171917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

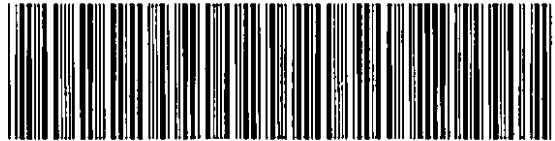
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL -2 AM 11:27

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JUL 06 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G&R PROFESSIONAL SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID HELLER

Name of Person

G&R PROFESSIONAL SERVICES

Firm/Company

3433 LITHIA PINECREST RD., NO.123

Address

VALRICO, FL 33596

City/State and Zip Code

hscc.dheller@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Heller

813 650-3097
at ()

Name of Person

Area Code

Daytime 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&R PROFESSIONAL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/08/2015 and assigned
Florida document number L15000171917.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3433 LITHIA PINECREST RD., NO. 123

VALRICO, FL 33596

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3433 LITHIA PINECREST RD., NO. 123

VALRICO, FL 33596

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AR	KRISTA M LIBBY	4831 SE 37TH COURT	<input type="checkbox"/> Add
		OCALA, FL 34480 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREGORY A MERDITH	1117 OXBOW RD.	<input checked="" type="checkbox"/> Add
		WIMAUMA, FL 33598	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID M HELLER	1619 CARTER OAKS DR.	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CHANGE KEVIN J LIBBY'S TITLE FROM "AR" TO "MGR"

10 JUL -2 AM 11:27

STUDY UNIT
DIVISION OF RESEARCH & EVALUATION

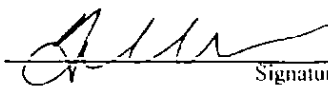
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an 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 605.0207 (3)(b)

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 JUNE 28 2018



Signature of a member or authorized representative of a member

DAVID M HELLER

Typed or printed name of signee