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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076

Phone Fax Number

: (305)388-7028 : (305)479-2705

\*\*Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.\*\*

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Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GS GROUP SERVICES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GS GROUP SERVICES LLC		<b>-</b> ••
(Name of the Limited Liability (A Florida I	Company as it now appears on our reco	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/14/2016	and assigned
This amendment is submitted to amend the following:		
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  c Articles of Organization for this Limited Liability Company were filed on 07/14/2016  and assigner or dad document number L16000129079  its amendment is submitted to amend the following:  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 "LLC" after new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	اص ارا دری سود	
na		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	FSS)	
Transport Office address Property Parket (1900)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street add	ress
		Florida
<del></del>	City	Zin 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 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>Name</u> GALLEGO CUEVAS,	Address 7951 Riviera Blvd., Suite 210	Type of Action
AMBR	MAURICIO		
		Miramar, FL 33023	
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior  te: If the date inserted in this block does not meet the applica  cument's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605	.020 ed :
record specifies a delayed effective date, but not he goth day after the record is filed.	t an effective time, at 12:01 a.m. on the earlie	2F (
August 30th, 2019	<del>-</del> ·	
	rized representative of a member	

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