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APR 18 2017

S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 APR 17 PM 3:35

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gajes Marine 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:

Galla Gumadlos

Name of Person

Gajes Marine Services LLC

Firm/Company

105 SW 10th St. Apt. 2

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jandjmarine.services@gmail.com

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

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TALLAHASSEE, FLORIDA  
17 APR 17 PM 3:35

For further information concerning this matter, please call:

Galla Gumadlos

Name of Person

at 954

Area Code

224-0730

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**

Gajesi Marine 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 July 29, 2016 and assigned Florida document number L 16000142584.

This amendment is submitted to amend the following:

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

Gajesi Detail Services LLC

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)

105 SW 10th St Apt. 2  
Fort Lauderdale, FL 33315

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

105 SW 10th St. Apt. 2  
Fort Lauderdale, FL 33315

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SECRETARY OF  
FLORIDA  
JUL 29 2016  
FORT LAUDERDALE  
FL 33315

**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:

Jeffrey Morales

New Registered Office Address:

105 SW 10th St. Apt. 2

Enter Florida street address

Fort Lauderdale

Florida

33315

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.

Jeffrey Morales

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>                   |
|--------------|------------------------|----------------------------------|---|
| <u>MGR</u>   | <u>Galla Gumadlas</u>  | <u>105 SW 10th St. Apt. 2</u>    | <input checked="" type="checkbox"/> Add |
|              |                        | <u>Fort Lauderdale, FL 33315</u> | <input type="checkbox"/> Remove         |
|              |                        |                                  | <input type="checkbox"/> Change         |
| <u>AMBR</u>  | <u>Jeffrey Morales</u> | <u>105 SW 10th St. Apt. 2</u>    | <input checked="" type="checkbox"/> Add |
|              |                        | <u>Fort Lauderdale, FL 33315</u> | <input type="checkbox"/> Remove         |
|              |                        |                                  | <input type="checkbox"/> Change         |
|              |                        |                                  | <input type="checkbox"/> Add            |
|              |                        |                                  | <input type="checkbox"/> Remove         |
|              |                        |                                  | <input type="checkbox"/> Change         |
|              |                        |                                  | <input type="checkbox"/> Add            |
|              |                        |                                  | <input type="checkbox"/> Remove         |
|              |                        |                                  | <input type="checkbox"/> Change         |
|              |                        |                                  | <input type="checkbox"/> Add            |
|              |                        |                                  | <input type="checkbox"/> Remove         |
|              |                        |                                  | <input type="checkbox"/> Change         |

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

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TALLAHASSEE, FLORIDA  
17 APR 17 PM 3:35

**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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Jeffrey Morales

Typed or printed name of signee