

416000203698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

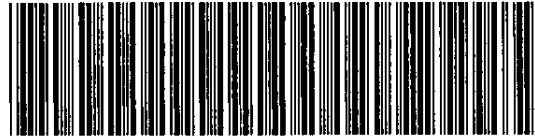
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 25 PM 2: 01

APR 28 2017
J. HARRIS

W7-17967

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY Legal 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:

Natalie Gurman
Name of Person

General Connection LLC
Firm/Company

3 S. John Young Pkwy
Address

Kiss Fl 34741 Suite 1
City/State and Zip Code

generalconnectionllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Gurman at 917 5149190
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2017

NATALIE GUZMAN
3 S JOHN YOUNG PKWY
SUITE 1
KISS, FL 34741

SUBJECT: GCT TAX & REALTY SERVICES AND MORE LLC
Ref. Number: L16000203698

17 APR 25 PM 2: 01

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DIVISION OF CORPORATIONS

We have received your document for GCT TAX & REALTY SERVICES AND MORE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendment form has not been filled out.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00007164

RECEIVED
2017 APR 25 PM 12: 44
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2017

NATALIE GUZMAN
3 S JOHN YOUNG PKWY SUITE 1
KISSIMMEE, FL 34741

SUBJECT: GCT TAX & REALTY SERVICES AND MORE LLC
Ref. Number: L16000203698

2017 APR 11 AM 11:30
TALLAHASSEE, FLORIDA

We have received your document for GCT TAX & REALTY SERVICES AND MORE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 817A00004039

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GCT Tax & Realty Services B More 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 11/04/16 and assigned Florida document number L16000203698

This amendment is submitted to amend the following:

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

MY: Legal 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)

3443 13th St.
St. Cloud FL 34769

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3. S. JOHN Young Pkwy
Suite 1 Kiss FL
34741

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:

Natalie Guzman

New Registered Office Address:

3. S. John Young Pkwy suite 1
Enter Florida street address

Kiss, Florida 34741
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.

Natalie Guzman
If Changing Registered Agent, Signature of New Registered Agent

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17 APR 25 PM 2:01

If an pending 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>
AMBR	Yarelis Rivera	199 Estancia Cir	<input checked="" type="checkbox"/> Add
		Kissimmee FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natalie Guzman	1698 Pleasant Hill Rd.	<input checked="" type="checkbox"/> Add
		KISS FL 34746	<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"/> Remove
			<input type="checkbox"/> Change

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 27 APR 25 PM 2:00
 STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 03-02-17 (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 _____

Handwritten signature of Natalie Gorman

Signature of a member or authorized representative of a member

Natalie Gorman

Typed or printed name of signee

17 APR 25 PM 2: 01

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DIVISION OF CORPORATIONS