

L17000008747

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000286178 3)))



H170002861783ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6393

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I20080000061
Phone : (407)582-9830
Fax Number : (407)294-7677

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
G&G DREAMS SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 OCT 31 PM 2:17

2017 OCT 31 11:09:20

NOV 01 2017
Help
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&G DREAMS 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:

MARIA P[INHEIRO
Name of Person

ALPHA BUSINESS CONSULTING, LLC
Firm/Company

7022 CARLENE DR
Address

ORLANDO, FL 32835
City/State and Zip Code

pinheirmaria@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO
Name of Person at (407) 582-9830
Area Code Daytime Telephone Number

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

G&G DREAMS 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 01/11/2017 and assigned Florida document number L17000008747.

This amendment is submitted to amend the following:

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

G&G BUSINESS 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:

10345 FALCON PARC BLVD APT 205

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32832

Enter new mailing address, if applicable:

10345 FALCON PARC BLVD APT 205

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32832

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:

10345 FALCON PARC BLVD APT 205

Enter Florida street address

ORLANDO

, Florida 32832

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>
AMBR	Gustavo Furtado	10345 Falcon Parc Blvd apt 205	<input type="checkbox"/> Add
		Orlando, Fl 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Gabriela de Castro Souza	10345 Falcon Parc Blvd apt 205	<input type="checkbox"/> Add
		Orlando, Fl 32832	<input type="checkbox"/> Remove
			<input checked="" 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

RECEIVED
OCT 31 10 10 AM '11

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

Please! Correct all the address for:

10345 Falcon Parc Blvd apt 205

Orlando, FL 32835

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

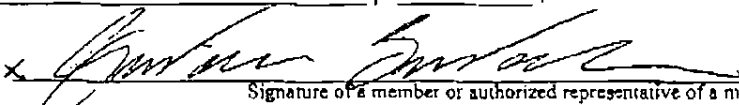
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 30 2017


Signature of a member or authorized representative of a member

Gustavo Furtado

Typed or printed name of signee

2017 OCT 31 AM 10:20