

L17000659344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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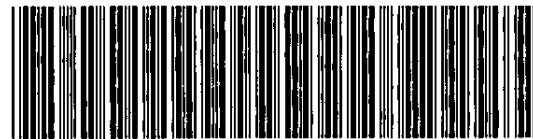
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 25 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GB and EB 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:

Gary Benjamin  
Name of Person

GB and EB services LLC  
Firm/Company

26102 Comanche st  
Address

Brookville FL 34601  
City/State and Zip Code

gman4545gb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Benjamin at (352) 942-7011  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

GB and EB Services LLC

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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**AMBR = Authorized Member**

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

**E. Effective date, if other than the date of filing:** 4/16/2017 (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

4-16-2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

GARY Benjamin  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 APR 24 AM 11:15

THE