| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corpora | tions | | |
|----------------------------------|---|---|--|
| SUBJECT: GB | and EB Name of Limit | Services LLC ed Liability Company | |
| The enclosed Articles of Amer | ndment and fee(s) are subm | nitted for filing. | |
| Please return all correspondence | ee concerning this matter to | o the following: | |
| _ | Gary F | Name of Person | |
| _ | GB and | Firm/Company | ces.LLC |
| _ | 26102 | (omanche st | |
| | Brookwille | FL 34601 City/State and Zip Code | |
| <u></u> | gman 45 45 E-mail address: (to | gb @ Cmail. Com be used for future annual report notificati | on) |
| For further information concern | ning this matter, please cal | 1: | |
| Gary Benja Name of Rerso | m · | at (352) 942- Area Code Daytime Tel | 70 \\ ephone Number |
| Enclosed is a check for the foll | owing 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

| GB and EB 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 3/15/2017 and assigned Florida document number |
| This amendment is submitted to amend the following: |
| A. 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 "L.L.C." |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| |
| Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| 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: Enter Florida street address |
| , Florida |
| |
| 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, is his document is |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Title Name | **Type of Action** Elisha Benjamin 26102 Comanchest ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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| If the date inserted in this blo nent's effective date on the De | be specific and cannot be prior to date of fi ck does not meet the applicable statut partment of State's records. effective date, but not an effe | iling or more than 90 days aft ory filing requirements, th | nis date will not be listed |
| fective date is listed, the date must If the date inserted in this blo nent's effective date on the De cord specifies a delayed | be specific and cannot be prior to date of fi ck does not meet the applicable statut partment of State's records. effective date, but not an effe | iling or more than 90 days aft ory filing requirements, th | er filing.) Pursuant to 605.02 his date will not be listed |
| fective date is listed, the date must If the date inserted in this blo nent's effective date on the Decord specifies a delayed a 90th day after the record specifies a delayed a feet the record specifies a feet th | be specific and cannot be prior to date of fi ck does not meet the applicable statut partment of State's records. effective date, but not an effe | iling or more than 90 days aft fory filing requirements, the ective time, at 12:01 | er filing.) Pursuant to 605.02 his date will not be listed |
| fective date is listed, the date must If the date inserted in this blo nent's effective date on the Decord specifies a delayed a 90th day after the record specifies a delayed a feet the record specifies a feet th | be specific and cannot be prior to date of fick does not meet the applicable statut partment of State's records. effective date, but not an efferd Is filed. | iling or more than 90 days aft fory filing requirements, the ective time, at 12:01 | er filing.) Pursuant to 605.02 his date will not be listed |

Filing Fee: \$25.00