L17000079348

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COVER LETTER

	ision of Cor					
SUBJECT:	G & B PROFESSIONAL MULTISERVICES COMPANY L.L.C					
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	•		
Please return	n all correspo	ndence concerning this matter	to the following:			
		GONZALEZ, FRANKLIN	1			
			Name of Person			
			Firm/Company			
			Address			
		825 SKY LAKE CIRCLE	B ORLANDO FL 32809			
		LORENABUCAY@HOTM	City/State and Zip Code AAIL.COM			
		E-mail address: (to be used for future annual report notific	cation)		
For further i	nformation co	oncerning this matter, please ca	all:			
FRANKLIN GONZALEZ			239 823-0998 at () Area Code Daytime			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 I	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**

G & B PROFESSIONAL MULTISERVICE	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 04/10/2017 and assigned
Florida document number L17000079348	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
G & B TRANS "L.L.C"	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	iress nere:
No CNI . D ' 1 A	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
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Note 4	09-05-	2017					
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vated		Signature of a me	mber or authorized r	GON Zake	3 E	I7 SEP	-T]
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Filing Fee: \$25.00