117000083832

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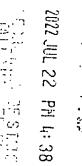
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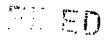
COVER LETTER

TO:

Registration Section Division of Corporations

GAD'S GE	ENERAL SERVICE, LLC		
50bJEC1	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DINO ALMEIDA JUNIO	R	
		Name of Person	
	GAD'S GENERAL SERV	ICE. LLC	
		Firm/Company	
	12826 STRODE LN		
		Address	
	WINDERMERE, FL 3478	6	
		City/State and Zip Code	
	junior.dino@gmail.com		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
DINO ALMEIDA JUNIOR		321 315-6158	
Name of Person		at () 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GAD'S GENERAL SERVICE, LLC

2022 JUL 22 PH 4: 38

(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 $\frac{04/14/2017}{2}$ and assigned Florida document number L17000083832 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 "L.L.C." 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 City

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>	Type of Action
		<u> </u>	
			□Renюve
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			
			⊐Renюve
			☐Clunge
			⊒Remove
			□Change

					
					
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		05/11/202	2		
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ote: If the date inserte	ed in this block doe	s not meet the appli	cable statutory filin	g requirements, this o	late will not be listed a
ocument's effective da	ne on the Departine	ent of State's record	S.		
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is filed.	yed checuve date, t	om not an effective	mae, at 12,01 a.m.	on the entire of (o)	The Millian area are
ated MAY 11		2022	·		
		ite of a member or an			