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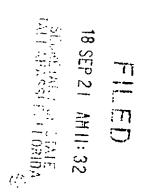
(Requesto	or's Name)
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<u> </u>	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Reg Div	gistration Se ision of Cor	ction porations	•	
eun irea.	VENTURA	ROOFING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		OLVIN A. GONZALES		
		GV SERVICES CONSTI	Name of Person	
		1219 LAKE DOWNEY D	Firm/Company	
		ORLANDO FL 32825	Address	
		OLVINGONZALES@ICLO		
			to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
OLVIN GO	NZALES		720 862-9306 at ()	
•	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

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

VENTURA ROOFING LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 07/25/2017	and assigned
Florida document number L17000158396		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GV SERVICES CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	OLVIN A. GONZALES	ACC 00
(Principal office address MUST BE A STREET ADDRESS)	1219 LAKE DOWNEY DR	a T
	ORLANDO FL 32825	2
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		32 1£ 80,
		CA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

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.

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

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>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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	N/A	
ffective date, if other than the da an effective date is listed, the date must be	te of filing: specific and cannot be prior to date of filing o	(optional) or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the applicable statutory ti	iling requirements, this date will not be listed as
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e record specifies a delayed ef The 90th day after the record		e time, at 12:01 a.m. on the earlier o
SEPTEMBER 18	2018	
	Olvin Gonzale nature of a member or authorized representat	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00