117000158396

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COVER LETTER

TO:		tration Section of Corp					
ara r			ES CONSTRUCTION LLC				
SUBJI	ECT: _			ited Liability Company			
The en	closed /	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return a	ll correspon	dence concerning this matter	to the following:			
			OLVIN A. GONZALES				
				Name of Person			
	G&V DUMPSTER SERVICES, I.I.C.						
				Firm/Company			
			1219 LAKE DOWNEY D	R			
				Address			
			ORLANDO, FL 32825				
				City/State and Zip Code			
			olvingonzales@icloud.com				
				to be used for future annual report notif	lication)		
For fur	ther inf	ormation cor	ncerning this matter, please co	all:			
OLVI:	OLVIN A. GONZALES 720 862-9306						
		Name of I	^p erson	at () Area Code Daytime	e Telephone Number		
Enclos	ed is a c	heck for the	following amount:				
■ \$2:	5.00 Fil	ing 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)		

TO:

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

GV SERVICES CONSTRUCTION LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reco nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany 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	liability company here:	
G&V DUMPSTER SERVICES, LLC.		
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	_
(Principal office address MUST BE A STREET ADDRES	<u> </u>	,
		<u> </u>
		- B
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		
Training ministration of the body		x 5
		2 2
B. If amending the registered agent and/or registere	ed office address on our reco	/=1 ~ · · ·
registered agent and/or the new registered office address		4 , 1
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street add	ress .
		Florida
	Ciţy	Zip Code

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 Type of Action Address Title Name _□ Remove _□ Change _D Add _□ Remove 础 Change Remove) □ Add _□ Remove ____ Change □ Add _____ □ Remove _□ Change ☐ Remove

☐ Change

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ffective date, if other than th	ne date of filing:	(opti	onal)
an effective date is listed, the date m	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after	filing.) Pursuant to 605.0207
e record specifies a delayon The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01 a	a.m. on the earlier of
September 27	2018		
		epresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00