417000 165332

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700349375507

08/03/20--01013--013 **25.00

0/38/20 /

COVER LETTER

sion of Cor	porations		
1 GK PRO	GENERAL SERVICES , LLC		
	Name of Lim	ited Liability Company	
Articles of	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	н	RODRIGO P SILVA	
		Name of Person	
	RS ACCOU	JNTING AND TAX SERVICES	
		Firm/Company	
	10 F	FAIRWAY DRIVE STE 210	
		Address	
	DEERI	FIELD BEACH FL 33441	
		City/State and Zip Code	
	_		ప
	E-mail address: (to be used for future annual report noti	fication)
formation c	oncerning this matter, please co	all:	7.9
SILVA		954 623-7615	
Name o	f Person	Area Code Daytim	te Telephone Number
check for th	ne following amount:		
iling 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)
		<u>Street Address:</u> Revistration Se	ction
ision of C	orporations	Division of Cor	rporations
	formation c SILVA Name of the check for th	Name of Lim Articles of Amendment and fee(s) are sub all correspondence concerning this matter RS ACCOU 10 I DEERI RODRIGO@ E-mail address: (formation concerning this matter, please c SILVA Name of Person check for the following amount: iling Fee \$\square\$ \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: RODRIGO P SILVA Name of Person RS ACCOUNTING AND TAX SERVICES Firm/Company 10 FAIRWAY DRIVE STE 210 Address DEERFIELD BEACH FL 33441 City/State and Zip Code RODRIGO@RSACCOUNTINGTAX.COM E-mail address: (to be used for future annual report notification concerning this matter, please call: PSILVA Name of Person Area Code Daytim check for the following amount: siling Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Ling Address: gistration Section ision of Corporations Division of Corporations Division of Corporations Division of Corporation Center of The Centre of The

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1 GK PRO GENERAL S	ERVICES , LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/03/2017	and assigned
Florida document number L17000165332		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ROYAL BELLE PRO-SERVICE	ES LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he 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)		~ 5
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Ensy Florida street address	
	, Florid	9
	, FIGUR	4.5

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>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

		
		
		<u> </u>
		<u> </u>
		:
		~· - .
		
(If an effective Note: If th	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing the date inserted in this block does not meet the applicable statutory is effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605,0207 (filing requirements, this date will not be listed as the
	ecifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after the
ord is filed.	24/2020	
ord is filed.	24/2020 CAUTE HUJA Signature of a member or authorized represent	ative of a member

Filing Fee: \$25.00