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SECRE TARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

N COOPER APR 27 2018

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUZ TOVAR-ERAZO		
	 -	Name of Person	
	G L T MAINTENANCE S	SERVICES, LLC	
		Firm/Company	
	6800 NW 39TH AVE.		
	,	Address	
	LOT 453		
		City/State and Zip Code	
	POMPANO BEACH, FL 3	3073 to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	•	
JOANNA DARDEN		954 245-6148 at ()	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he 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

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

 ${\bf STREET/COURIER\ ADDRESS:}$

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G L T MAINTENANCE SERVICES, LLC (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recor	rds.)
(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 02/16/2018	and assigned
Florida document number L18000043316		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
		, FS
Enter new principal offices address, if applicable:		- RECT
<u> Principal office address MUST BE A STREET ADDRESS)</u>		7 A A T
		- 2 SS
		P
Enter new mailing address, if applicable:		PH :
Mailing address MAY BE A POST OFFICE BOX)		DRIE O
Table 1 Con 11111 Decision of the Control of the Co		7,
B. If amending the registered agent and/or registered	office address on our recor	ds, enter the name of the
registered agent and/or the new registered office address h	<u>ere</u> :	· -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	r	Clarida
	, t	Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRIVINO GUILLERNO	6800 NW 39TH AVE, LOT 453	
		POMPANO BEACH, FL 33073	Remove
MGR	TRIVINO GUILLERMO	6800 NW 39TH AVE, LOT 453	A dd
		POMPANO BEACH, FL 33073	□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			Remove
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			Add
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Westive date if	other than the date listed, the date must be sp	loes not meet the ap	prior to date of filing or r	nore than 90 days after fing requirements, this o	nal) iling.) Pursuant to 605.02 date will not be listed a
lote: If the date i	ive date on the Departs	ment of State's rec	ords.		
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