

1800043316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

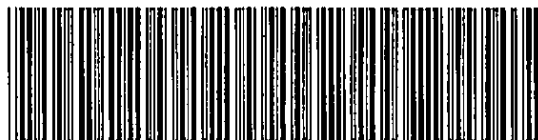
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 26 PM 3:07

N COOPER

APR 27 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** G L T MAINTENANCE SERVICES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUZ TOVAR-ERAZO

\_\_\_\_\_  
Name of Person

G L T MAINTENANCE SERVICES, LLC

\_\_\_\_\_  
Firm/Company

6800 NW 39TH AVE.

\_\_\_\_\_  
Address

LOT 453

\_\_\_\_\_  
City/State and Zip Code

POMPANO BEACH, FL 33073

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOANNA DARDEN

954 245-6148  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Page 1 of 3

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>	<u>Type of Action</u>
MGR	TRIVINO GUILLERMO	6800 NW 39TH AVE, LOT 453	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33073	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TRIVINO GUILLERMO	6800 NW 39TH AVE, LOT 453	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This is TO CORRECT SPELLING OF  
MGR NAME

TRIVINO GUILLERMO

TO

TRIVINO GUILLERMO

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 26 PM 3:07

E. Effective date, if other than the date of filing: FEB 16, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 4/23/2018, \_\_\_\_\_

LUZ TOVAR-ERAZO

Signature of a member or authorized representative of a member

LUZ TOVAR-ERAZO

Typed or printed name of signee