

# L18000120664

2018-05-25 17:10:52 (GMT)

18132001059 From: Trucking Permits And More LLC

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000161323 3)))



H18000161323ABC7

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To:  
Division of Corporations  
Fax Number : (850)617-6183

From:  
Account Name : TRUCKING PERMITS AND MORE LLC  
Account Number : 120140000047  
Phone : (813)774-4726  
Fax Number : (813)877-2186

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GALS LANDSCAPING LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

 2018 MAY 25 PM 1:29  
 DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GALS LANDSCAPING 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:

MYRIAM VARGAS

Name of Person

Firm/Company

1721 W HILLSBOROUGH AVE

Address

TAMPA FL 33603

City/State and Zip Code

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM VARGAS

813

7744726

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALS LANDSCAPING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/14/18 and assigned  
Florida document number 118000120664

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GALLAND SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City: \_\_\_\_\_, 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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

CLERK OF DISTRICT COURT  
AT TAMPA, FLORIDA

2018 MAY 25 PM 1:29  
STATE OF FLORIDA  
TALLAHASSEE

7

(b) The 90th day after the record is filed.

Dated May 25 2013

Guillermo Alvarez Luis

Signature of a member or authorized representative of a member

Gilberto Alvarez Luis

Typed or printed name of signee