## 118000144988

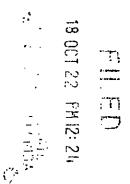
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## **COVER LETTER**

	Registration S Division of Co				
ain in a		SERVICES LLC			
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		AVIV SABAN			
		<del></del> ,	Name of Person		
		GAD AC SERVICES LLO	C		
			Firm/Company		
		2641 N FLAMINGO ROA	AD APT 2503		
			Address	<del></del>	
		PLANTATION, FLORID	A 33323		
		AVIVSABAN19@GMAIL	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notific	ration)	
For furthe	r information c	oncerning this matter, please c	all:		
AVIV SA	ABAN		954 708-6763		
	Name o	f Person		Celephone Number	
Enclosed i	is a check for th	he following amount:			
\$25.00	0 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:

TO:

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

GAD AC SERVICES LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>(15.</u> )
The Articles of Organization for this Limited Liability Compa lorida document number L18000144988	ny were filed on JUNE 12 2018	and assigned
forida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		co
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		12:
	· · · · · · · · · · · · · · · · · · ·	130 E
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our records ere:	· · ·
Name of New Registered Agent:		
New Registered Office Address:	P. Pl. I	
	Enter Florida street addres:	۲.
<del></del>	, Flo	oridaZip Code
	Cirj.	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

AMBR  GREEN SOLUTIONS SOLAR & MIAMI FL 33179  GRENOVATIONS LLC  IPAH I VES DAIRY RD 236 MIAMI FL 33179  GRENOVE	<u>Title</u>	<u>Name</u>	Address	Type of Action
Remove   Change   C	AMBR	GREEN SOLUTIONS SOLAR & RENOVATIONS LLC	1041 IVES DAIRY RD 236 MIAMI FL 33179	<b>■</b> Add
Change				
				☐ Remove
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Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this date will not be
document's effective date on the Department of State's re	ecords.
	out not an effective time, at 12:01 a.m. on the ea
The 90th day after the record is filed.	
D OCTOBER 17 2018	
Dated OCTOBER 17 2018	
	1/11/ 5d/sh
	or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00