Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GBC SERVICES LLC**

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

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Electronic Filing Menu

Corporate Filing Menu

JUL 0 5 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GBC SERVICES LLC | | _ |
|---|---|----------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000156758</u> | ere filed on 06/26/2018 and | assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | |
| GBC PLUMBING SERVICES LLC | | ~~~ |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abbreviation | "InterCi." |
| Enter new principal offices address, if applicable: | 2 - 1 | - |
| (Principal office address MUST BE A STREET ADDRESS) | | |
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| - W House If annhaghlar | | _ယ္ |
| Enter new mailing address, if applicable: | : | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | me of the ne |
| New Residence Office Lindings . | Enier Florida siresi addresi | |
| | , Florida | |
| | City Zîp C | ode |
| New Repistered Agent's Signature, if changing Registered Agent: | and in this capacity. I further garee to C | omply with th |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duites, and I am familia povided for in Chapter 603, F.S. Or, if this | document is |

. .:

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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

| 70°.1 | Name | <u>Address</u> | Type of Action |
|---------------------|----------------|---|--------------------|
| <u>Title</u> MGR | NICOLAS CHAVEZ | 1045 W 134TH STREET, MIAMD, FL 33168 | _ = Add |
| | - | | Remove |
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| Significance of a member or autobuled representative of a member. | | | | <u> </u> | | |
|--|--|----------------------------------|--|---|--|--------------------------|
| Iffective date, if other than the date of filing: (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 605.0: (other: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. The 90th day after the record is filed. | | | | <u></u> | | |
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| - Leave | JUNE 30 | 2019 | <u> </u> | | | |
| Signature of a member or authorized representative of a member | ALCO | | | | | |
| Signature of a memory of | 4 (Id. 1 | of a member or author | rized representativ | of a member | | |
| | Clambara | | | * | | |

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