Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: UNION HSA LLC

Account Number : I20150000070

: (954)770-6227

Fax Number

: (954)369-4446

**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 GMC RESINDENCIAL & COMMERCIAL PAINTING LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

GMC RESINDENCIAL & COMMERCIAL PAINTING LLC

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

(Name of the Limited Liabil (A Florid	a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 01/27/2020	and assigned
Florida document number L20000033038	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
GMC Best Services LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	022 31.0
		28 FE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		. 10
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			· Change
			DAdd
			□Remove
			□Add
			□Remove
			Change
			DAdd
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Effective date, if other than the first of the date is listed, the date in the Mote: If the date inserted in this document's effective date on the	block does not meet t	he applicable sta	f filing or more than 90 tutory filing requirem	_ (optional) days after filing.) Pursua ents, this date will no	at to 605.0207 (t be listed as t
e record specifies a delayed effected is filed.	tive date, but not an e	ffective time, at 1	2:01 a.m. on the earl	er of: (b) The 90th o	lay after the
		22			
Dated		11	1		
			presentative of a member		

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