

220000 264 406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

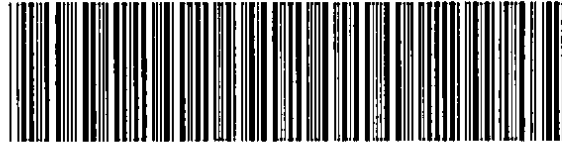
(Document Number)

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10/07/20--01013--010 \*\*25.00

2020 OCT -7 4:12:50

US  
11/13/20

GOOD AFTERNOON,

WE WANT TO REMOVE { SR } AND { JR } FROM THE COMPANY, G ALL DEMOLITION LLC,  
REGISTERED AGENT ARIEL GERPES

THANK YOU .

RECEIVED  
JUL 11 2011

Registration Section  
Division of Corporations

G ALL DEMOLITION LLC

JECT: \_\_\_\_\_  
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

ARIEL GERPES

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

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

4423 LETO LAKES BLVD APT 107

\_\_\_\_\_  
Address

TAMPA FL 33614

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

Ariel200249509@yahoo.com

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

urther information concerning this matter, please call:

EL GERPES

\$13 270 63 01

at ( )

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

Area Code

Daytime Telephone Number

sed 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

G ALL DEMOLITION LLC

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

Articles of Organization for this Limited Liability Company were filed on 08/25/2020 and assigned  
document number 120000264406.

An amendment is submitted to amend the following:

**Amending name, enter the new name of the limited liability company here:**

**New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."**

**For new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS**

**For new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

**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*

Florida

*City*

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person removed from our records:

R = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ARIEL GERPES	4423 LETO LAKES BLVD APT 107 TAMPA FL 336	<input type="checkbox"/> Add
	REMOVE { JR } OF THE REGISTERED AGENT	<input checked="" type="checkbox"/> Remove
	LEAVE ONLY THE NAME ARIEL GERPES	<input type="checkbox"/> Change
ARIEL GERPES	4423 LETO LAKES BLVD APT 107 TAMPA 33614	<input type="checkbox"/> Add
		<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
ARIEL GERPES	REMOVER { SR }	<input type="checkbox"/> Add
		<input checked="" 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

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

Effective date, if other than the date of filing: \_\_\_\_\_ (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 document is filed.

dated 10-5-2020

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ariel Genres

\_\_\_\_\_  
Typed or printed name of signee