

L210000 88168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

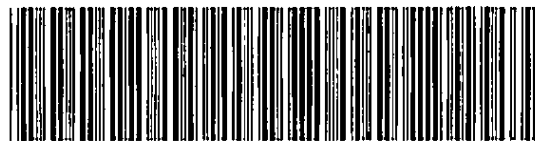
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21 MAR 15 PM 3:15
DIVISION OF CORP. REGISTRATION
STATE OF CALIFORNIA

COVER LETTER

TO: **Registration Section
Division of Corporations**

GCK SERVICES LLC

SUBJECT: _____
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:

GISELLA M CAVASSA ORLOFF

Name of Person

GCK SERVICES LLC

Firm/Company

6180 NW 173RD ST APT 503

Address

HIALEAH, FL 33015

City/State and Zip Code

GISELLACAVASSA@GMAIL.COM

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

For further information concerning this matter, please call:

GISELLA M CAVASSA ORLOFF

305 224-3383

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 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 15 PM 3: 15

GCK SERVICES 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 02/20/2021 and assigned Florida document number L21000088168.

This amendment is submitted to amend the following:

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

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)

P.O. Box 170181
Hiialeah, FL 33017

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

Florida

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 15 PH 3: 15 Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	GISELLA M CAVASSA ORLOFF	6180 NW 173RD ST APT 503	<input type="checkbox"/> Add
		HIALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GISELLA M CAVASSA ORLOFF	6180 NW 173RD ST APT 503	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

STATE
DIVISION OF CORPORATION

21 MAR 15 PM 3:15

Multiple horizontal lines for amending information.

E. 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 record is filed.

Dated FEBRUARY 5 2021

Signature of a member or authorized representative of a member

GISELLA M CAVASSA ORLOFF

Typed or printed name of signee

Filing Fee: \$25.00