‍ᒪ2I 000 101631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
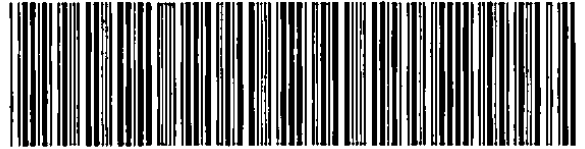
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

09/14/2021
JH

TO: **Registration Section**
Division of Corporations

SUBJECT: ___GARCO UNLIMITED SERVICES LLC___
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:

ROSE M GARCIA
_____
Name of Person

_____
Firm/Company

6772 THOMAS JEFFERSON WAY
_____
Address

ORLANDO, FL 32809
_____
City/State and Zip Code

GARCOUNLIMITEDSERVICE@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSE M GARCIA   321   460-8483
_____ 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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                      Certificate of Status   Certified Copy   Certificate of Status &
                                                (additional copy is enclosed)   Certified Copy
                                                                          (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

GARCO UNLIMITED 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 03/02/2021 _____ and assign

Florida document number L21000101631 _____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

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)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u> <u>agent and/or the new registered office address here:</u>

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi 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 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, <u>Signature of New Registered Agent</u>

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of A
MANAG	ROSE M GARCIA	6772 THOMAS JEFFERSON WAY	☐ Add
		ORLANDO FL 32809	☐ Remove
			■ Change
___	___	___	☐ Add
		___	☐ Remove
		___	☐ Change
___	___	___	☐ Add
		___	☐ Remove
		___	☐ Change
MGR =	___	___	☐ Add
		___	☐ Remove
		___	☐ Change
___	___	___	☐ Add
		___	☐ Remove
		___	☐ Change
___	___	___	☐ Add
		___	☐ Remove
		___	☐ Change

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

_____

_____

_____

_____

_____

_____

_____

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_____

E. Effective date, if other than the date of filing: 6/21/2021 _____ (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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 *August 31*   *2001*

_____
Signature of member or authorized representative of a member

Rose M. Garcia
_____
Typed or printed name of signee