L21000222633

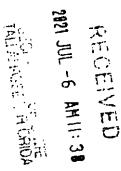
(F	Requestor's Name)	
	Address)	
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CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

Filone. 050-550	5-1500			
	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:	892480	4338256
	AUTHORIZATION	:	100	
	COST LIMIT	: (\$12540080	man
ORDER DATE :	July 6, 2021			
ORDER TIME :	10:33 AM			
ORDER NO. :	892480-005			
CUSTOMER NO:	4338256			
			,	
	DOMESTIC AM	ENDI	MENT FILING	
NAME :	GLLC SERVICES	LLC		
EFFECTIV	E DATE:			
	OF AMENDMENT ARTICLES OF INCO	RPOI	RATION	
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FILING	3 :
	'IED COPY			

EXAMINER'S INITIALS:

COVER LETTER

	Registration Se Division of Cor								
SUBJEC	GLLC Serv	vices LLC							
SUBJEC	-1; <u> </u>	Name of Lim	nited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.						
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Amy DeGruy Name of Person EcoSouth Services Firm/Company 12945 Hwy 43 N Address Axis, AL 36505 City/State and Zip Code amy.degruy@ecosouthservices.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy DeGruy 251 675-9800 at ()									
		Amy DeGruy							
			Name of Person						
		EcoSouth Services							
			Firm/Company	· · · · · · · · · · · · · · · · · · ·					
		12945 Hwy 43 N							
		Axis, AL 36505							
	City/State and Zip Code								
		E-mail address: (to be used for future annual report not	tification)					
For furth	er information c	concerning this matter, please c	all:						
Amy De	Gruy								
	Name o	f Person		ne Telephone Number					
Enclosed	l is a check for th	he following amount:							
□ \$25.6	00 Filing Fee	S30.00 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 Addres Registration S	Section	Street Address: Registration Se	ection					
	Division of C	Corporations	Division of Co	rporations					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLLC Services LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company:	
he Articles of Organization for this Limited Liability Company were	e filed on May 13, 2021	and assigned
lorida document number L21000222633		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
Gabbert LLC		
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbrevi	ation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
The state of the s		
_		
nter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX		
	•	<u> </u>
. If amending the registered agent and/or registered office addre	ess on our records, enter the name of	the new register
gent and/or the new registered office address here:	į-i:	0 -
		: - .
Name of New Registered Agent:		1 -
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
 (p 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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Note: If t	date, if other the date is listed, the he date inserted in a seffective date of	this block does	not meet the	applicable	te of filing or statutory fil	more than 90 ing requiren	(optiona days after fili nents, this da	al) ng.) Pursuant to ate will not be	605.0207 listed as
e record sp rd is filed.	ecifies a delayed	effective date, b	ut not an effe	ctive time,	at 12:01 a.m	n. on the ear	lier of: (b)	The 90th day	after the
Dated	y 2		2021	! 					
	ang	te Grignand	of a member	or authorize	representati	ve of a memb	er er		-
	Amy DeGruy	J							

Filing Fee: \$25.00