

W21 000241648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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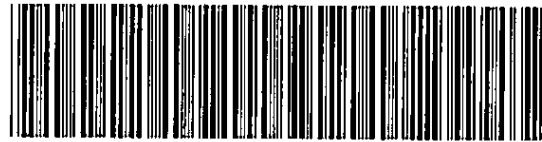
(Business Entity Name)

(Document Number)

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06/22/21-- 01021--004 **25.00

W21 JUN 22 AM 7:21

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JUL 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.C. CLEANING SERVICES PRESSURE WASHER 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:

GUERBY GABRIEL
Name of Person

G.C. CLEANING SERVICES PRESSURE WASHER LLC
Firm/Company

8749 WILLIAM SHARKEY ST. APT 308
Address

ORLANDO, FL 32818
City/State and Zip Code

gabrielguerby3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUERBY GABRIEL at (561) 201-8769
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**

GC. CLEANING SERVICES PRESSURE WASHER LLC ^{2021 JUN 22 AM 7:21}
(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 05-24-2021 and assigned Florida document number L21000241648

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)

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:

GUERBY GABRIEL

New Registered Office Address:

8749 William Sharkey ST APT 308
Enter Florida street address

ORLANDO

City

Florida

32818

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.

Gabriel Guerby

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 Name Address Type of Action

2021 JUN 22 AM 7:21

MGR CELESTIN MARIE M
3 TIMES REMOVE ALL (3)

8749 WILLIAM SHARKEY ST. APT 308 ☐ Add
ORLANDO FL 32818

_____ ☒ Remove

→ SAME ADDRESS AS ABOVE ☒ Change

AMBR CELESTIN MARIE M

8749 WILLIAM SHARKEY ST APT 318 ☒ Add
ORLANDO FL 32818

_____ ☐ Remove

_____ ☐ Change

MGR ~~GABRIEL~~
CELESTIN
GABRIEL

8749 WILLIAM SHARKEY ST APT 308 ☐ Add
ORLANDO FL 32818

_____ ☒ Remove

_____ ☐ Change

AMBR GABRIEL GUERBY

8749 WILLIAM SHARKEY ST APT 308 ☒ Add
ORLANDO FL 32818

_____ ☐ Remove

_____ ☐ Change

~~AMBR CELESTIN MARIE M~~

~~8749 WILLIAM SHARKEY ST APT 308 ☒ Add~~
~~ORLANDO FL 32818~~

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

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

TITLE AND NAMES Deleted Title change AMBR
NO MBR

2021 JUN 22 AM 7:21

E. Effective date, if other than the date of filing: 6/21/2021 (optional)

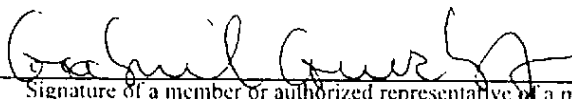
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

6/21/2021



Signature of a member or authorized representative of a member

GABRIEL GUEVORA

Typed or printed name of signee