L21 000318294

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A. BUTLER
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COVER LETTER

	Registration Se Division of Con		,	
eud iez		ntracting Services LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Gavin Ray		
			Name of Person	
		Gavin's Contracting Service	es LLC	
			Firm/Company	
		1033 N Thornton Avenue		
			Address	-
		Orlando Florida 32803		
			City/State and Zip Code	
		contactraysrenovations@gr		
			to be used for future annual repor	1 notification)
Los fartis	ar intormation o	oncerning his matter, please of	ail.	
Gavin R	ay		407 858 813	
	Name o	f Person	Area Code D	aytime Telephone Number
Linksij	is a check for t	ik. hilloming amount		
≣ \$25.0	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 Addres Registration		Street Addre Registration	
	Division of C		_	Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Gavin's Contracting 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 $\frac{07/12/2021}{1}$ Florida document number L21000318294 rms 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 appreviation "LLC." 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: New Registered Office Address: Enter Florida street address _. Ftorida ___

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.

City

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>	<u>Address</u>	Type of Action
AMBR	Gavin R. Ray	1033 N Thornton Avenue	
		Orlando Fl 32803	□Remove
			□Change
			□Remove
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ffective date, if other than the dian effective date is listed, the date must listed. If the date inserted in this blococument's effective date on the Dep	ick does not meet the applic	cable statutory filing requi	90 days after filing.) Pursuant to 6 rements, this date will not be li	05,0207 isted as t
	date, but not an effective t	time, at 12:01 a.m. on the	earlier of: (b) The 90th day at	ter the
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f is filed.		time, at 12:01 a.m. on the	earlier of: (b) The 90th day at	ter the
d is filed. Pated January 2nd	2022 C1			ter the
bated				ter the

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Filing Fee: \$25.00