

L21000519931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

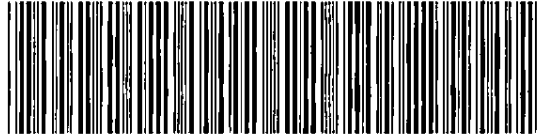
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2025 NOV 22 PM 4:56

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 4G 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:

CLAUDIA GIBBS

\_\_\_\_\_  
Name of Person

4G SERVICES, LLC

\_\_\_\_\_  
Firm/Company

1328 NW 13TH PL

\_\_\_\_\_  
Address

CAPE CORAL / FLORIDA / 33993

\_\_\_\_\_  
City/State and Zip Code

claudiagibbs2011@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA GIBBS

281 954-1543  
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

FILED  
2025 NOV 22 PM 4:55  
FBI - ST. LOUIS

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

4G WALL PANELS & DECOR, LLC

**Enter new principal offices address, if applicable:**

1328 NW 13TH PL

CAPE CORAL, FLORIDA, 33993

1328 NW 13TH PL

CAPE CORAL, FLORIDA, 33993

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**Florida**

City

Zip Code

*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**

[illegible]

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

ARTICLE III:

COMPANY PURPOSE IS THE PURCHASE AND RESALE OF INTERIOR AND EXTERIOR WALL  
PANELS AND DECORATION ITEMS.

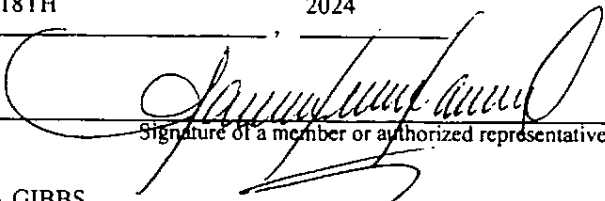
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 NOVEMBER 18TH, 2024

  
Signature of a member or authorized representative of a member

CLAUDIA GIBBS

Typed or printed name of signee

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: 4G 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:

CLAUDIA GIBBS

Name of Person

4G SERVICES, LLC

Firm/Company

1328 NW 13TH PL

Address

CAPE CORAL / FLORIDA / 33993

City/State and Zip Code

claudiagibbs2011@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA GIBBS

Name of Person

at 281 954-1543  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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**Street Address:**

Registration Section  
Division of Corporations  
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Tallahassee, FL 32303

FILED  
2025 NOV 22 PM 1 5  
FBI - NEW YORK

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(A Florida Limited Liability Company)

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4G WALL PANELS & DECOR, LLC

1328 NW 13TH PL

CAPE CORAL, FLORIDA, 33993

1328 NW 13TH PL

CAPE CORAL, FLORIDA, 33993

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	ALFREDO GIBBS	1328 NW 13TH PL	Add
		CAPE CORAL, FL, 33993	Remove
			Change
			Add
		-	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change



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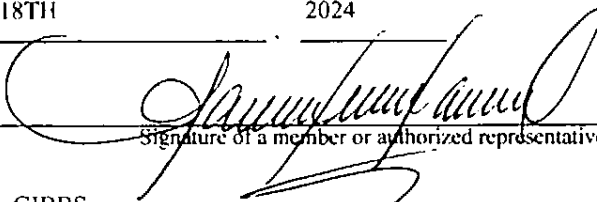
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Dated NOVEMBER 18TH, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
CLAUDIA GIBBS  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00