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COVER LETTER

TO:	Registration Se Division of Cor		• !	•	÷.	
SUBJE	Girald Serv	ices LLC				
SUBJEA		Name of Limi	ted Liability Company	, <u></u>	-	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Gustavo Luis Girald				
			Name of Person			
		Girald Services LLC				
			Firm/Company		- : Z	2
		2771 Cullens Ct			SZ CARTE. SZ CARTE.	
			Address) <u></u>
		Ocoee, FL 34761) pH 2: 20
			City/State and Zip Code		<u> </u>	٠ ر
		Girald.gustavo@gmail.com	to be used for future annual report not	(fication)	- m	ა ი
For furt	per information c	oncerning this matter, please ca	·	meation)		
		oncerning this matter, prease ea				
Gustav	o Girald		407 284-7089 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Numl	ber	
Enclose	d is a check for th	ne following amount:				
□ \$ 25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Stati ied Copy and copy is enc	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		

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

Girald Services LLC (Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re	cords.)
The Articles of Organization for this Limited Liability Company		
Florida document number L22000187856		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Girald Roofing Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable:	2771 Cullens Ct	
Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761	2023
		- H
Enter new mailing address, if applicable:	2771 Cullens Ct	30
(Mailing address MAY BE A POST OFFICE BOX)	Ocoee, FL 34761	
		5 2: 2 5 F
		311
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	Adress
	City	, Florida
	Guy	ząr Cour

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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	prior to date	of filing or m	ore than 90 c	_ (optiona	1) 19-1 Purs	suant to 605 02
e: If the date inserted in this block does not meet the apument's effective date on the Department of State's reco	pplicable s	tatutory filin	g requirem	ents, this da	te will	not be listed
amont 5 creek ve date on the Department of State 5 real	0143.					
cord specifies a delayed effective date, but not an effecti filed.	ive time, a	t 12:01 a.m.	on the earli	er of: (b)	The 90t	th day after th
ed March 24th . 2023						
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Int Such						