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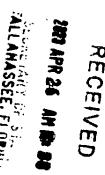
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

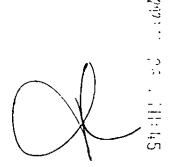
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COVER LETTER

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TO: Registration S Division of Co			
Gladiator	Home Services LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Lawrence A Lopez		
		Name of Person	
	Gladiator Home Services I	LLC	
		Firm/Company	
	1850 SE 18th Ave #1405		• 1
		Address	
	Ocala, Florida 34471		<u>.</u>)
		City/State and Zip Code	
	gladiatorhomeservices352@ E-mail address: (gmail.com to be used for future annual report noti	fication)
For further information	concerning this matter, please c	·	
Lawrence A Lopez		813 2708709 at ()	
Name	of Person	Area Code Daytim	e 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gladiator Home Services LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number 1.23000185747		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" of	r the abbreviation "L.L.C."
	,,	• >
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		· .
		<u>1</u> ,5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Stating dataress MAT BE A POST OFFICE BOX)		
	-	
If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new regis
gen and or the new registered office address here.		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Floris	da
	Cin	Vin 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
MGR	Lawrence A Lopez	1850 SE 18th Ave #1405	
		Ocala, FL 34471	□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			☐ Rémove
			Change
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			□Change
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tive date, if othe	r than the date of fi	iling:		(on	tional)
ffective date is listed,	the date must be specific	and cannot be j		ore than 90 days aft	er filing.) Pursuant to 605.02
	ite on the Department			g requirements, ti	nis date will not be listed
	yed effective date, but	not an effecti	ve time, at 12:01 a.m. e	on the earlier of: ((b) The 90th day after th
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1 <u>April</u>	26	_ <u>did</u>			
	H. J.J.a.	L. DI	٠ ــــــــــــــــــــــــــــــــــــ		

Typed or printed name of signee