124000415819

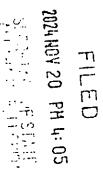
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J HORNE DEC 18 2024

Office Use Only



200439816692

11/20/24--01011--010 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

GEBLER'S	PERCISION SERVICE LLC		
	Name of Lin	ited Liability Company	
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. GERALD ROBERT GEBLER JR Name of Person GEBLER'S PERCISION SERVICE LLC Firms Company 16329 NE 153rd PL Address FORT MCCOY, FL. 32134 City/State and Zip Code JERRYGEBLER@GMAIL.COM E-mail address: to be used for future annual report notification) or further information concerning this matter, please call: ERALD ROBERT GEBLER JR Name of Person Name of Person Area Code Daytime Telephone Number			
Please return all correspo	indence concerning this matter	to the following:	
	GERALD ROBERT GEB	LER JR	
		Name of Person	
	GEBLER'S PERCISION S	SERVICE LLC	
		Firm/Company	
	16329 NE 153rd PL		
		Address	
	FORT MCCOY, FL. 3213	4	
		City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
GERALD ROBERT GE			
Name o			e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	Section orporations 7	Registration Ser Division of Cor The Centre of T	porations fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEBLER'S PERCISION SERVICE 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 September 24,2024	and assigned
Florida document number L24000415819	·	<u></u>
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	=
Parkers and the state of the st		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GERALD ROBERT GEBLER JR	16329 NE 153rd PL	≣ Add
		FORT MCCOY, FL. 32134	□Remove
			□Change
MGR	ROBERT GEBLER	16329 NE 153rd PL	
		FORT MCCOY, FL. 32134	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Change
			□Add
			□Remove
			□Change

famending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11 ame should appear as Gerald Robert Gebler H	
Mame should appear as Gerald Robert Gebler ju First name was mistakenly lef of	
	<u>.</u>
	-
	
	
	
Effective date, if other than the date of filing: 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.) Pursuan Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	t to 605.0201 be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d rd is filed.	ay after the
Dated	
Joul Robert 9144. Signature of a member or authorized representative of a member	
GCTAIN RODET GOSTOT Typed or printed name of signee	.

. .

Filing Fee: \$25.00