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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

. Division of Co	rporations		
	mt Service Solutions of Florida	, LLC	•
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following.	
	Jorge Fernandez de Lara S	SR.	
		Name of Person	
	Government Service Solut	tions of Flirida, LLC	
		Firm Company	
	2700 E. Moody Blvd # 3		
	 	Address	
	Bunnell, Florida 32110		
		City/State and Zip Code	
	jorge@gssofflorida.com		
	E-mail address: (to be used for future annual repor	t notification)
For further information e	concerning this matter, please e	all;	
Jorge Fernandez de Lara	ı JR	786 597-69	67
Name o	of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for the	he 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 Addres		Street Addres	
Registration S Division of C		Registration	1 Section Corporations
D.O. Day 623			of Tallahagaa y

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Government Service Solutions of Florida		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 02/14/2017	and assigned
Florida document number L17000034714	<u></u> .	
This amendment is submitted to amend the following	<u>ā</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	SES
		ARR E
		42 b
B. If amending the registered agent and/or regist	ered office address on our records, <u>enter the </u>	name of the new registered
agent and/or the new registered office address he	<u>re</u> :	SEE ST.
		: 39 STAT
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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 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	Leydys Fernandez de Lara	2700 E. Moody Boulevard # 3	 _ ■ Add
		Bunnell, Florida 32110	□Remove
			Change
MGR	Jorge Fernandez de Lara JR	2700 E. Moody Boulevard # 3	■Add
		Bunnell, Florida 32110	LJRemove
			∐Remove
			TChange
			
			□Remove
			Change
	•		LJRemove
			Change
			
			□Remove
			ZIChange

cetive date, if other than the date of filing: 11/04/2022 (optional) 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 (cg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as unent's effective date on the Department of State's records. cord 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 filled.		ODGE PERMANDEZ DE LABA CD (DI-ga) -4J CD)
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