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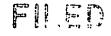
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARVA Rodri GNEZ AND ASSOCIATES, 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:
MARYA B Rodri Guez Name of Person
MARVA Rodri Guez AND Associates, LLC
5317 Falling water Drive
ORLANDO, FLORIDA 32818 City/State and Zip Code
Mar VABROATIGUEZ @ 9mail - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARVA B RODY GUEZ at (352) 363 - 7888 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 15 PH 1:39

·					
The Articles of Organization for this Limited Liabi		were filed on _	03-	<u>14 - 201</u>	% and assigned
Florida document number <u>L 1800006</u>	7166				
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited <u>liabi</u>	lity company	here:		
Gold mind The new name must be distinguishable and contain the word	mul	ti-se	RVic	es,L	LC
The new name must be distinguishable and contain the word	s "Limited Liabili	ity Company," th	e designation "	LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET)	(DDRESS)				
		-1-1 -			
Enter new mailing address, if applicable:				 	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>				
B. If amending the registered agent and/or regi	stered office a	iddress on our	records, <u>er</u>	iter the nam	e of the new registere
agent and/or the new registered office address h					
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:					
		Enter l	Florida street a	ddress	
				, Florida	Zip Code
		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 Sew 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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Tective date, if other n effective date is listed, to te: If the date inserted cument's effective date.	d in this block does	not meet the applica	- 15 - 21 to date of filing or more able statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605. vill not be liste
ecord specifies a delay is filed.	ed effective date, bu	t not an effective tit	ne, at 12:01 a.m. on)	the earlier of: (b) The	90th day after
ted <u>10 -</u>					
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Filing Fee: \$25.00