

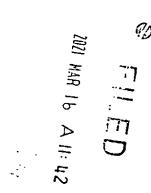
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COVER LETTER

Division of Corporations	
SUBJECT: GIGI'S SERVICES, LLC	
Nam	e 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:
GUERRERO, MAI	RJORIE G
	Name of Person
	Firm/Company
13700 Sutton Park	Dr N Apt 1326
	Address
Jacksonville FL 323	277
gigis421services@gi	City/State and Zip Code
	ddress: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
UERRERO, MARJORIE G	904 6094970 ·
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of \$ta	
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

GIGI'S SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A LIGHT	on Ellinica Elability Con	прану		
The Articles of Organization for this Limited Liability	Company were filed	on <u>08/29/2018</u>	and assigne	ed
Florida document number L18000207309	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability comp	any here:		
The new name must be distinguishable and contain the words "Lit	mited Liability Compan	y," the designation "LLC" or the	abhreviation "L.L.C.	***
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADD	RESS)			
				-,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		- -		
B. If amending the registered agent and/or registere	ed office address on	our records, enter the na	me of the new re	gistered
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				<u>_</u> @)
	Εı	ater Florida street address, Florida	2021	4,0
	City	, Florida _	<u> </u>	Д.
New Registered Agent's Signature, if changing Registere	•		Zip GMe	
			-	77
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performa igent as provided fo ed office address, i	nce of my duties, and I am or in Chapter 605, F.S. Oi	.familia y, with an r, if this ed ocumen	પ

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
AMBR	GRETER CASTELLANOS	9951 ATLANTIC BLVD SUITE 421	□Add
		JACKSONVILLE, FL 32225	■Remove
			□Change
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Friective date, i Fan effective date i	if other than the dis listed, the date must b	late of filing: _ be specific and can	not be prior to date	of filing or more	(0] than 90 days a	otional) fter filing.)	Pursuant to.	605.0207 (
Note: If the date	e inserted in this bloc trive date on the Dep	ck does not meet	the applicable st	atutory filing r	equirements.	this date	v î⊅ not be [§]	listed as t
aveament 3 circe	ave date on the trep	annen or state	s records.			7.::. 	= (J
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rd is filed.	a delayed effective	date, but not an e	meetive time, at	12:01 a.m. on	the earlier of:	(b) The	90th day a	itter the
					Service Service	MARJOF	IE G GUE	RRERO
1	1 10	2021				Notary Pu Commis	blic-State o ssion # HH	f Florida 61590
Dated M	in all large	 " -	······································				nmission E	
Dated	inch lag	Λ	1.		"Omnibus	Nove	mbe <u>r 08, 2</u>	044
Dated	Marionio	Live	Legio	ν 	- Committee	Nove	mber us, 2	014
Dated	Mayoris	ignature of a memi	ber dr authorized r	epresentative of	a member	Nove	mber us, z	

Filing Fee: \$25.00