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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	·	
Special Instructions to F	iling Officer:	

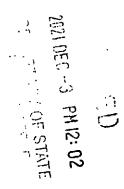
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	Registration Se Division of Cor			
~~~		neral Services, ÜLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Luis F. Giraldo		
			Name of Person	
		Giraldo General Services,	LLC	
			Firm/Company	
		1328 Treasure Key Court		
			Address	<del></del>
		Tampa, FL 33612		
			City/State and Zip Code	<del> </del>
		gclservices1@outlook.com	to be used for future annual report	
For furth	ier information c	n-mail address: ( oncerning this matter, please c		notification)
Luis F. (			754 234-973	2
	Name o	f Person	at () Area Code Day	ctime Telephone Number
Enclosed	l is a check for th	ne following amount:		
	.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 Address Registration S	Section	Street Address Registration	Section
	Division of C P.O. Box 632	-		Corporations of Tallahassee
	Tallahassee, l			nroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giraldo General Services, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000040745</u>	were filed on 02/11/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Giraldo General Services, LLC PO Box 16203		
	Tampa, FL 33687		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	I DEC -3 PMI	
	, Florida	71	
	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, 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	Zulay Emilce Jaimes de Giraldo	1328 Treasure Key Court	□Add
		Tampa FL 33612	■Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□ Add
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ffective date, if other an effective date is listed, lote: If the date inserte ocument's effective date	the date must be speci ed in this block does	ific and cannot be prio s not meet the applic	r to date of filing or cable statutory fi	more than 90 days ling requirement	s after filing.) Pursu	ant to 605.020' ot be listed as
record specifies a The 90th day afte			ot an effective	e time, at 12:	01 a.m. on th	e earlier o
November 23		2021	·			
		6 Farnon re of a member or auti	_ <del>_</del> 			
	/ .	C		^		