# L19000049576

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# **COVER LETTER**

FO: Registration Set Division of Co			
GO & GET SUBJECT:	T IT SERVICES, LLC		
	Name of Lim	ited Liability Company	
27			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andre Luttana		
		Name of Person	·
		Firm/Company	
	2132 SE 5TH PLACE		
		Address	
	CAPE CORAL, FL 33990		
	dreluttar	City/State and Zip Code  Output  to be used for future annual report notifications.	
		•	cation)
For further information of	oncerning this matter, please ca	all:	
Andre Luttana		at ( <u>239)</u> 910	,-4449
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 HAR 11 PM 2: 03

TO SEE INTO

### GO & GET IT SERVICES, LLC

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

	,	THE MIN JOEE, FL
The Articles of Organization for this Limited Li Florida document number L19000049576	ability Company were filed on	and assigned
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/ registered agent and/or the new registered of		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	!SS
New Registered Office Address:		ess Iorida

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>	<u>Address</u>	Type of Action
MGR	Andre Luttana	2132 SE 5TH PLACE CAPE CORAL, FL 33990	■ Add
		<del></del>	Remove
			Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
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			Add
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			□ Change

. If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	03/01/2019
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Datec	03/65/2019
	men film Len
	Signature of a member or authorized representative of a member
	Andre Luttana
	. Typed or printed name of signee

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Filing Fee: \$25.00