L 190000 749 73

(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bu:	siness Entity Nam	e)
(Dod	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	
		ĺ

Office Use Only



100403567671

0.000020-0.001-019 **20.00



COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
subject: <u>6.0.7</u>	. Services L.L.C		
SUBJECT: <u>(7.0.1</u>	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Stepho	Name of Person	
		Firm/Company	
	11036 Sweet	Jum Woods Drive	
	Orlando, FL	. 32832 City/State and Zip Code	
	Stephany or E-mail address: (to be used for future almual report notified	fication)
For further information of	concerning this matter, please ca	all:	
Steph Name o	any Toro	at (407) 912 - 00 Area Code Daytime	921 e 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 Registration		Street Address: Registration Sec	etion
Division of C P.O. Box 632	Corporations	Division of Cor	porations
F.O. DUX 034	. /	The Centre of T	ariariassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G.O.T. Services LLC. (Name of the Limited Liability Company as it now apperatus) (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	March 18,2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company CABCO L.L.C.	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9 F
Principal office address MUST BE A STREET ADDRESS)	2 1
	<u> </u>
	합.
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Fl	lorida street address
	. Florida
City	Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			- Change
		13	r. □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

Page 2 of 3

	 .
	-
•	
	¥' -
	1
	<u> </u>
	<u> </u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an ne 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
d February 21, 2023.	
	· <u> </u>
Signature of a member or authorized	representative of a member