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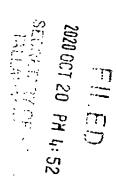
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## **COVER LETTER**

TO: Registration So Division of Con					
	VICES OF FLORIDA LLC	,	•		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARIA D. VALLECILE	)			
		Name of Person			
		Firm/Company			
	1750 W 46TH ST, APT 53	20			
		Address	* ,		
	HIALEAH, FL 33012				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		EDA à YAHOO.COM to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c				
MARIA D. VALLECII.	4.O	786 731-1089			
Name o	f Person	Area Code Daytim	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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9	Section	<u>Street Address:</u> Registration Se			
Division of C	orporations	Division of Cor	morations		

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

(Name of the Limited Lia (A Flo	bility Company a orida Limited Liab	as it now appears on our records.) ility Company)	
lihe Articles:of Organization for this Limited Liability	у Со <b>трапу w</b> c	ere filed on 09/30/2020	and assigned
This camendment is submitted to amend the following	ţ:		
A.: Ifiamendingmame, enter the new name of the l	limited liability	y company here:	
The new name must be distinguishable and contain the words "l	Limited Liability (	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Entermewaprincipal offices address, if applicable:		1750 W 46TH ST, APF 520	202 SE
(Principal office address MUST BE A STREET AD		HIALEAH:, FL 33012	200 1
	<del>-</del>		2 =
Entermewmailing address, if applicable:	_	1750-W 46TH/ST, APT 5	20 PH D
(Mailing address MAY BE A POST OFFICE BOX)		HIALEAH, FL 33012	က်
B.::Ifinmending the registered agent and/or registered office address her		<del></del>	e name of the new regis
Name of New Registered Agent:			<del></del>
New!Registered Office Address: 175			- · · · · · · · · · · · · · · · · ·
		Enter Florida street address	22042
<u> </u>	ALEAH	, Flori	ida 33012
		City	Zip Code

- GMV SERVICES OF FLORIDA LLC

Ishereby/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 heingifiled 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 Re stered Agent, Signature of New Registered Agent

\_\_\_\_\_\_Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added to removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type:of/Action
MGR	GUTHRIE, GLORIA M	5625 WEST 20 AVE, # 310	□Addı
		HIALEAH, FL 33012	≣Remove:
			□ Change
			□Addu
			□Remove
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			□Remove
			Change

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	te, if other than the date of filing:
he record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated SEPT	EMBER 30TH 2020
_	X GG Signature of a member or authorized representative of a member
	'ALI ECILLO, MARIA D
_	Typed or printed name of signce