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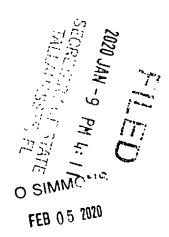
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
CORVIES	ERVICES LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	wnitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE FELIX CORDERO	MARQUEZ	
	·	Name of Person	
	CORVIE SERVICES LLC		
	****	Firm/Company	
	3859 CLEARY WAY		
		Address	
	ORLANDO, FL 32828		
		City/State and Zip Code	
	CORVIESERVICESLLC@		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JOSE FELIX CORDERG) MARQUEZ	407 9525460	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 S		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORVIE SERVICES LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liab Torida document number L19000249060	oility Company	were filed on OCTOBER 03rd, 201	9 ai	nd assigned
his amendment is submitted to amend the follow	ring:			
. If amending name, enter the new name of the	<u>he limited liab</u>	ility company here:		
!/A			. 52 . 58	2020
ne new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC" or	the appreviati	ion "L.L.C.
Enter new principal offices address, if applicable:		5448 HOFFNER AVE, STE 301	77 AM	22 Links
Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL. 32812	₩	9 11
inter new mailing address, if applicable:		N/A	, FIAIE	=
Mailing address MAY BE A POST OFFICE BO	<u> </u>			
. If amending the registered agent and/or reg gent and/or the new registered office address	istered office : here:	address on our records, enter the	name of th	ne new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A	, Florid	ង	
		City		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 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	JOSE FELIX CORDERO MARQU	3859 CLEARY WAY, ORLANDO FL. 32828	□Add
			□Remove
			■ Change
N/A 	N/A		🗆 Add
		-	☐ Remove
N/A	N/A		
			Signature Signat
N/A	N/A		□Change
			□Remove
			□Change
N/A 	N/A		□ Add
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ffective date, if other than the	date of filing: _	OCTOBER 01,	2019		(optional)		
an effective date is fisted, the date must	be specific and can	not be prior to d	ate of filing or m	iore than 90 day	rs after filing.) Pursuar	it to 605.0207
ote: If the date inserted in this blo ocument's effective date on the De	partment of State	ine applicable 's records.	statutory min	g requiremen	is, this date	wiii noi	be usted as i
record specifies a delayed effective	date, but not an	effective time,	at 12:01 a.m.	on the earlier	of: (b) Th	e 90th d	av after the
l is filed.					·		,
JANUARY 01 ated		020					
		MA					
		M		>			
	signature of a mem						

Typed or printed name of signee