## L19000249060

(Requestor's Name)	
(Address)	<u>-</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Escined Lini) value	
(Document Number)	<del></del>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

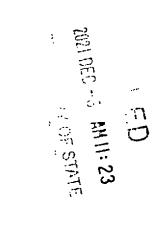
Office Use Only

A. RIVERS
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## **COVER LETTER**

TO:

	legistration Se Division of Cor		•	
SUBJECT	• •	ERVICES LLC		
SUBJEC	ı: <u></u>		ted Liability Company	<u>.</u>
The enclos	sed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter t	o the following:	
		JOSE F CORDERO MARO	QUEZ	
		·	Name of Person	
		CORVIE SERVICES LLC		
			Firm/Company	
		5448 HOFFNER AVE STE	301	
			Address	
		ORLANDO, FL 32812		
			City/State and Zip Code	
		corvieserviceslle@gmail.cor		
			be used for future annual report no	tification)
For further	r information c	oncerning this matter, please ca	1F:	
Adhara V	ierma		at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	9 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)
	lailing Addres		Street Address:	notion
	legistration S Division of C		Registration So Division of Co	
P	O. Box 632	7	The Centre of	Tallahassee
J	`allahassee, I	°L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORVIE SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 3rd 2019 and assigned Florida document number L19000249060 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	Adhara Vierma	3859 CLEARY WAY ORLANDO. FL 32828 US	<b>=</b> Add
			□Remove
			🗆 Change
			□Add
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-	amending effective January 1st 2021
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If an ef <u>Note:</u>	January 1st 2021  ive date, if other than the date of filing:  ———————————————————————————————————
e recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	November 30. 2021
Dated	
Dated	Signature of a member of authorized representative of a member

Filing Fee: \$25.00