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2020 # 11 18 PH 12: 37

C GOLDEN

HOT - 3 2020

COVER LETTER

TO:

	Registration Sec Division of Corp				
		Administrative Services, LLC			
SUBJEC	T:	Name of Limit	ed Liability Company	_	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please ret	urn all correspor	ndence concerning this matter to	o the following:		
		Awilda Guzman Rios			
			Name of Person		
		General and Administrative	Services, LLC		
			Firm/Company	<u></u>	
		3774 SE 3rd St			
			Address		
		Homestead, FL 33033-6059			
		genadmserllc@gmail.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notification)		
For furth	er information co	oncerning this matter, please ca	all:		
Awilda (Guzman Rios		407 910-3556 at ()	_	
	Name o	f Person	Area Code Daytime Telephone Nu	ımber	
Enclosed	d is a check for th	he following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cert	00 Filing Fee, afficate of Status & tiffed Copy litional copy is enclosed)	
	Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Su Tallahassee, FL 32303	uite 8 10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 F | 13 PH 12: 37

General and Administrative Service			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Li Florida document number 1.20000022070		ere filed on January 15, 2020	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the <u>limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or r agent and/or the new registered office addres		idress on our records, <u>enter the r</u>	name of the new regist
Name of New Registered Agent:			· -
New Registered Office Address:			
		Enter Florida street address	
		, Florida	

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

1 .

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

3.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Miguel Cardona	1057 NE 30 Ave	□Add
		Homestead, FL 33033	Remove
			Change
			□Add
			□Remove
			□Remove
			Change
			□ Add
			Remove
			Change
			🗀 Add
			□Remove
			Change
			□Remove
			_ □Change

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Signature of a member or authorized representative of a member	Signature of a member or autho#zed representative of a member	Si	gnature of a member or author	zed representative of a me	mber	

Filing Fee: \$25.00