# L200000777240

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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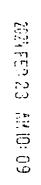
Office Use Only



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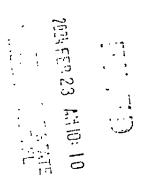
## COVER Letter

NAME: Felipes Ricci R

nunber: (305)-339-9083

Return address:

1320 Chelsey Cir St. Augustine, FL 32092



### **COVER LETTER**

| TO: Registratio<br>Division of | n Section<br>Corporations                     |  |
|--------------------------------|---|--|
| Give                           | e and Take, LLC                               |  |
| SUBJECT:                       | Name of I                                     | imited Liability Company   |
| The enclosed Article           | s of Amendment and fee(s) are                 | submitted for filing.  |
| Please return all corr         | espondence concerning this made               | ter to the following:  |
|                                | F   | elipe S Ricci Rospigliosi  |
|                                |   | Name of Person   |
|                                |   | Give and Take, LLC   |
|                                | <del></del>                                   | Firm/Company   |
|                                |   | 3300 NE 191ST  |
|                                |   | Address  |
|                                |   | AVENTURA, 33180  |
|                                |   | City/State and Zip Code  |
|                                |   | lipe@giveandtake.org.pe  |
| For further informati          | on concerning this matter, pleas              | e call:  |
| F                              | elipe Ricci                                   | at (305) 339 9083  |
| Na                             | me of Person                                  |  |
| Enclosed is a check            | for the following amount:                     |  |
| □ \$25.00 Filing Fe            | ce \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee;   |
| Division<br>P.O. Box           | on Section of Corporations                    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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

Give and Take, 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 \_\_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_ L20000077240

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

| B. If amending the registered agent and/or registered office address on our records, enter the na | ım'e of | the new          | registered |
|---|---------|------------------|------------|
| agent and/or the new registered office address here:  |         | 3                | registered |
| agent and/or the new registered office address neve.  | •       | ໌ <sub>ເ</sub> ນ | :          |

Name of New Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

New Registered Office Address: 1320 Chelsey Cir,

Enter Florida street address

St Augustine . Florida

City Zip Code

32092

#### 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>   | Address                                       | Type of Action |
|--------------|---------------|---|----------------|
| MGR          | Gonzalo Morey | 399 Edgebrook Dr, Spring Creek, Nevada, 89815 | □Add           |
|              |               | <u></u>                                       | Remove         |
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| Effective date, if other than the date of filing:                               | (optional) ω  |
| Note: If the date inserted in this block does not meet the applicable statut    | tory filing requirements, this date will not be listed as |
| document's effective date on the Department of State's records.                 |   |
| ne record specifies a delayed effective date, but not an effective time, at 12: | roll a moon the earlier of (h). The 90th day after the    |
| ord is filed.   | of a.m. on the carrier of (o) The your day and the        |
| Tuesday 20th of February 2024   |   |
| Dated   |   |
|   |   |
| Signature of a member or authorized repre                                       | esentative of a member                                    |
| Felipe S Ricci Rospigl  | liosi   |
| Typed or printed name of  |   |