

L22 000065618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

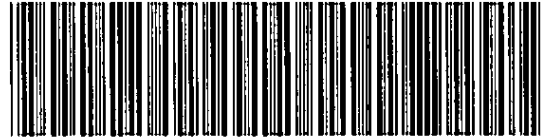
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Handwritten signature



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08/11/22--01017--001 **30.00

22 AUG 11 AM 6:50
DIVISION OF CORPORATIONS
STATE OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Girardi Multiservices LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Girardi, Elizabeth
Name of Person

Eliz Girardi
Firm/Company

2308 Academy Cir West Apt 303
Address

Kissimmee, FL 34744
City/State and Zip Code

girardi.multiservices@gmail.com
E-mail address: (to be used for future annual report notification)

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RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Girardi, Elizabeth at (561) 810 7242
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

GIZARDI MULTISERVICES 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 2/25/22 and assigned
Florida document number L22000065618

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)

2308 ACADEMY CIR West
APTO 303 KISSIMMEE FL
34744

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:

Elizabeth Gizardi

New Registered Office Address:

2308 Academy Cir West, Apt 303

Enter Florida street address

Kissimmee

City

Florida

34744

Zip 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 Changing Registered Agent, Signature of New Registered Agent

Elizabeth Gizardi

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>	<u>Type of Action</u>
MGR	Girardi, Elizabeth	2308 Academy Cir West Apt 303 Kissimmee FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Girardi, Elizabeth M	2308 Academy Cir West Kissimmee, FL 34744	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CHILD SUPPORT
RECEIVED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

22 AUG 11 AM 6:50

DEPT. OF STATE
DIVISION OF ELECTIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

7/24/22.

Signature of a member or authorized representative of a member

HUGO ABREU.

Typed or printed name of signee

Florida

TEMPORARY
DRIVER LICENSE



G663-233-77-789-0



GIRARDI CORDERO
ELIZABETH MERCEDES
1831 OVERCUP AVE
SAINT-CLOUD, FL 34771-4881

DOB 08/09/1977 SEX F
EXP 07/08/2022 HGT 5'-05"
EYES B HAIR NONE

SAFE DRIVER
EXP 07/08/2021
ID# H782187030073



Operation of a motor vehicle constitutes
consent to any sobriety test required by law




FOR QUESTIONS CALL:
855-755-3357



MON-FRI 9am - 5pm EST

1339*****AUTO**ALL FOR AADC 328***2-5
GIRARDI MULTISERVICES LLC
2308 Academy Cir West Apt 303
Kissimmee, FL 34744-8589

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.

Document Number: L22000065618	Notice Date: 2/25/2022	Please Respond By: 3/7/2022
Business Address: GIRARDI MULTISERVICES LLC 2308 Academy Cir West Apt 303 Kissimmee, FL 34744-8589		

Congratulations on registering your business with the State of Florida. Your Articles have been filed with the secretary of state and are complete. You have one step left in order to attain your elective Florida Certificate of Status. Below is a form for your newly registered business. Please confirm the accuracy of the information below for your Florida Certificate of Status request.

A Florida Certificate of Status is issued by the Secretary of State and may be required for loans, to renew business licenses, or for tax or other business purposes. A certificate of Status certifies that your Florida business is in existence, is authorized to transact business in the state and complies with all state requirements. The Certificate of Status shows the official evidence of an entity's existence and provides a statement of an entity's status, current legal name and date of formation. The Certificate of Status bears the official seal of the Florida Secretary of State.

Business Information

Business Name: **GIRARDI MULTISERVICES LLC**
Document Number: **L22000065618**
Certificate of Status Fee: **\$87.25**

This is not a government agency