## 122000088501

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	)
		_
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Educa Officer:	
Special instructions to	Filling Officer.	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

Y. SCOTT OCT - 7 2023

## **COVER LETTER**

	gistration Serision of Corp				•		
CUDIFOT	CERVI CO	NSULTING SERVICES, LLC					
SUBJECT:		Name of Limi	ted Liability Company		<del></del>		
The enclose	d Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		MICHAEL CERVI					
			Name of Person				
		CERVI CONSULTING SE	ERVICES, LLC				
			Firm/Company		<del></del>	20	ISIAIG 335
		6650 LINO RD				2023 SEP	ASSECT SECRETARIES
			Address	· · · · · · · · · · · · · · · · · · ·		<u>:</u> P 2	CRETA
		NORTH PORT, FL 34287	-2166			ហ	4100
			City/State and Zip Code			PM 3:	SHOLIVED ABOUT
		CerviConsultingServices@g E-mail address: (1	rmail.com  o be used for future annual	report notification)	<del></del>	03	SHO.
For further i	nformation co	oncerning this matter, please ca	dl:	•			
MICHAEL	CERVI		816	305-1904			
	Name of	Person	at () Area Code	Daytime Teleph	one Number	-	
Enclosed is	a check for th	e following amount:					
<b>■ \$25.00</b> )	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &	
Re Di P.0	gistration S gistration S vision of C D. Box 632 Ilahassee, F	ection orporations 7	Divisio The Ce 2415 N	ddress: ation Section on of Corporation ontre of Tallaha I. Monroe Stree assee, FL 32303	ssee t, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERVI CONSULTING SERVICES, LLC		
( <u>Name of the Limited Liability Company s</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	<del></del>
The Articles of Organization for this Limited Liability Company we Florida document number	re filed on01/20/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contai	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRESS)		음 일
_		SEC VISI 73 S
		H AN
Enter new mailing address, if applicable:		25 GRE
Mailing address MAY BE A POST OFFICE BOX)		P 2000
Maning dadress MAT DE A POST OFFICE BOAT		<u> </u>
-		<del></del>
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the n	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	City	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

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	ANNIE C CERVI	6650 LINO RD.	□Add
		NORTH PORT, FL 34287	
			□Change
MGR	MICHAEL A CERVI	6650 LINO RD.	
		NORTH PORT, FL 34287	□Remove
			□Change
AMBR	ANNIE C CERVI	6650 LINO RD.	
		NORTH PORT, FL 34287	□Remove
			☐ Change
<del></del>	<del></del>	<del>.</del>	SECRETOR FILE
			2000 PACE OF STREET
			÷: 03 □ Add
		<del></del>	□ Remove
			☐ Change
		<del>-</del>	□ Add
			□Remove
			Change

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	DIVIBION C 2023 SEP
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	TE TON:
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th day after t
September 22	
SMART.	

Filing Fee: \$25.00