L2200095242

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

TO:	Registration Se Division of Cor					
0110.00		ERVICE LLC				
SUBJECT: Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		MARISLEYDIS SANTAN	۸A			
			Name of Person			
	GORILASERVICE LLC					
	Firm/Company					
	885 AZALEA DR					
			Address			
	ROYAL PALM BEACH, FL 33411					
		-	City/State and Zip Code			
		marisleydisantana@yahoo.d				
		E-mail address: (to be used for future annual report not	ification)		
For furth	ner information c	oncerning this matter, please c	all;			
MARISLEYDIS SANTANA			305 988 - 0647			
Name of Person		Area Code Daytin	ne Telephone Number			
Enclose	d is a check for th	ne following amount:				
■ \$2 5	.00 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)		
•						
Mailing Address: Registration Section		Street Address: Registration Se				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GORILASERVICE LLC				
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liabilit Florida document number L22000095242	y Company were filed on02/21/2022	and assigned		
This amendment is submitted to amend the following	Ç			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		TA TI		
(Principal office address MUST BE A STREET AD	DRESS)	1 200		
		P		
Enter new mailing address, if applicable:		트일 뜻		
(Mailing address MAY BE A POST OFFICE BOX))			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new regis		
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
AMBR	MARISLEYDIS SANTANA	885 AZALEA DR	
		ROYAL PALM BEACH, FL 33411	□Remove
			≡ Change
			□Add
			□Remove
		<u> </u>	Change
			□Add
			□ Remove
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			□Add
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			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 MAY 15 2023 Signature of/a member or authorized representative of a member MARISLEYDIS SANTANA Typed or printed name of signee

Filing Fee: \$25.00