## LZZ 0000 95306

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Na	me)
(Dc	cument Number	)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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2027 JUL 22 PH 4: 3

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
CUBURAT		VICES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		GEANPIERRE PIVA DA	VILA	
			Name of Person	
		PIVA SERVICES LLC		
			Firm/Company	
		2586 GRAND CENTRAL	PKWY APT 9	
			Address	
		ORLANDO, FL 32839		
			City/State and Zip Code	
		GEANPIVA92@GMAIL.C		
		E-mail address: (	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ca	all:	
GEANPIER	RE PIVA D	AVILA	407 577-9407	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 F	Filing Fee	S30.00 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)
	iling Addres		Street Address: Registration S	ection
	gistration S vision of C	orporations	Division of Co	
	D. Box 632		The Centre of	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 JUL 22 PH 4: 32

PIVA	SERVICES LLC	C# 4.	
(Name of the Limited Lia (A Flo	bility Company as it now appears and a Limited Liability Company)	on our records:)   Life	ss. d. rechit.
The Articles of Organization for this Limited Liability  Plorida document number L22000095306		02/21/2022	and assigned
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the l	limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
			<u>-</u>
	ered office address on our re	cords, enter the name	of the new regist
agent and/or the new registered office address her	<u>e</u> :	da street address	
	<u>e</u> :		

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
AMBR	JUAN C. ALVAREZ DAVILA	2323 MCCOY RD APT 702	≅Add
		ORLANDO, FL 32809	□Remove
			□Change
AMBR	JHONATHAN D. ALVAREZ TORO	3536 MILLENIA BLVD APT 5209	<b>⊠</b> Add
		ORLANDO, FL 32839	□Remove
			□Change
<del>_</del>			□ Add
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			🗆 Add
			□Remove
			□Change

-	<u> </u>
<u>te:</u> If t	date, if other than the date of filing:
cord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	07 / 14 / 2022
	0.90 B.
	Signature of a member or authorized representative of a member
	GEANPIERRE PIVA DAVILA
	Typed or printed name of signee

Filing Fee: \$25.00