LZZ 000 132184

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COVER LETTER

Division of Cor					
CLID IE CT	GJS MU	LTISERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ST	ALIN M GOMEZ JARAMILLO			
		Namy of Herson //			
		/, Firm Colymany 2306 W IVY ST			
		Address	<u> </u>		
		TAMPA FL 33607			
		City/State and Zip Code			
	!	sgomez23_@hotmail.com			
	E-mail address: (to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
	GOMEZ JARAMILLO	813 609 7670 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Faling 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)		
Mailine Addres		Street Address:	ection		
	Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 14 PM 2: 33 SELLIAMASSEE, FI

GJS MULTISERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/16/2022 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number _L220(X)132184 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) 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: New Registered Office Address: Enter Florida street address _, Florida ___

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
AMBR	ELIZABETH VALLEJO TAMAY	4532 DEVONSHIRE RD TAMPA FL 33634	🗏 Add
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(If an effective Note: If the	date inserted in this bl	date of filing: t be specific and cannot be pock does not meet the aperarment of State's reco	plicable statutory filin		ling.) Pursuant to 605,0207
ne record spec ord is filed.	cifies a delayed effectiv	e date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	JUNE 7th	2022)	
_		Signature of a member of a	uthorized representative	of a member	
		CTALINI NA	COMEZ LABAMILI	0	
		STALIN M	GOMEZ JARAMILI	.0	