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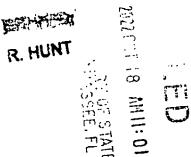
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 60 and Back Service	· CC.
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.
Please return all correspondence concerning this matter	•
Augel An	Name of Person
	Name of Person
+ los	
	STATE OF THE STATE
7000 NW 477	Address PA 9
	Address
pount, FL 3	33172
aurquelleridgoba	to be used for future annual report notification)
E-mail address: ((to be used for future annual report notification)
For further information concerning this matter, please c	cali;
/\	
flugel flacos	at (305) 205 - 4237 Area Code Daytime Telephone Number
O Name of Person	Area Code Daytime Telephone Number
, e = 100 m	
Enclosed is a check for the following amount:	
= \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
, ·*	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO AND BACK SERVICE LLC				
(Name of the Limited Liability Com (A Florida Limite	npany as it now appe ed Liability Company	ars on our records.	.)	<u> </u>
The Articles of Organization for this Limited Liability Compa Florida document number <u>して2000409334</u>	ny were filed on _	Septeme	7027	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company l	<u>iere</u> :		
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the	designation "LLC"	or the abbre	viation "L.IC."
Enter new principal offices address, if applicable:				503
(Principal office address MUST BE A STREET ADDRESS)			· ;	"i
			<u> </u>	CO CO
Enter new mailing address, if applicable:		_	E E E	E -
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			<u> </u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, <u>enter tl</u>	<u>ie name o</u>	f the new regist
Name of New Registered Agent:		_		
Navy Davistand Office Address.	-	٠٠٠٠.		
New Registered Office Address:	Enter Flo	orida street address	<u> </u>	
		PI		
	City	, Flor		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 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
MGA	LEANNY GONZALE	E MS	□Add
		2000 NW AFTH AVENUE	STITE 100 Remove
			Change
-			□Add
			☐Remove
_			Change
			SSE PAND Remove
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ective date, if othe	r than the date of	filing:		(on	tional)	
reffective date is listed, <u>te:</u> If the date insert	the date must be specified in this block does to on the Department	ic and cannot be pri- not meet the appl	or to date of tiling o icable statutory fi	r more than 90 days af	ter filing.) Pursi	uant to 605.02 tot be listed
cord specifies a dela s filed.	yed effective date, bu	t not an effective	time, at 12:01 a.r	n. on the earlier of:	(b) The 90th	ı day after th
	14/2022	·				
ed Octobe	(
ted Octobe	Signature	of a member or and	horized representat	ive of a member		

Filing Fee: \$25.00