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COVER LETTER

Registration Section Division of Corporations Government Transcription Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Evelyn Herbello Name of Person Government Transcription Services, LLC Firm/Company 170 East 61 Street Address Hialeah, FL 33013 City/State and Zip Code govtranscriptionservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Evelyn Herbello 402-8047 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Government Transcription Services, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000028800</u>	ompany were filed on January 13, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	ACRE TO THE NEW Fegistere
N. B. C. LA		SSEE
Name of New Registered Agent:		72 2
New Registered Office Address:	Enter Florida street address	
	Florid	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
VP	Sandra McCready	170 East 61 Street	= Add
		Hialeah, FL 33013	□Remove
			□Change
			□Add
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Effective date, if other than the fan effective date is listed, the date mu	st be specific and cannot be prior to dat		filing.) Pursuant to 605.0207 (
Note: If the date inserted in this bidocument's effective date on the D		statutory thing requirements, this	s date will not be listed as t
record specifies a delayed effective is filed.	re date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 25	2024		
Dated October 25	20 Dul		
Dated October 25	Signature of a member or authorized	representative of a member	