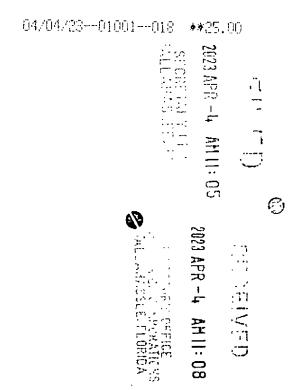
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## CORPORATE ACCESS, \_

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### **WALK IN**

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1.	GAMBINO SERVICES L		 	
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#### **COVER LETTER**

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Tallahassee, FL 32314

то:	Registration Se Division of Cor			
emmu	GAMBING	SERVICES LLC		
SUBJEG	CT:	Name of Lim	ited 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:	
		ZAHAVA ARONOV		
			Name of Person	
		ORB CPA PA		
			Firm/Company	
		1000 S STATE RD 7		
			Address	
		PLANTATION, FL 33317	,	
		Pasquale,Gambino1989@g	City/State and Zip Code mail.com	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please e	all:	
PASQU	JALE GAMBING		954 8646263	
	Name o	t Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for the	he following amount:		
<b>■</b> \$25	i.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 tadditional copy is enclosed)
	Mailing Address		<u>Street Address:</u> Registration Sc	petion
	Registration : Division of C		Division of Co	
	P.O. Box 637	7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GAMBINO SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Horida document number <u>L23000141904</u>		ere filed on	0.23	and assigned
This amendment is submitted to amend the following	:			
A. If amending name, <u>enter the new name of the l</u>	<u>imited liabili</u>	ty company here:		
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the designa	tion "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3300 NE 10TH TERI	RACE	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		APT 38		
		POMPANO BEACH, FL 33064		
		3300 NE 10TH TERRACE		
		APT 38		****
	-	POMPANO BEACH	, FL 33064	
B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:  No. 101	<u>'e</u> :	dress on our record	ds, <u>enter the n</u>	ame of the new registe
	00 NE 10TH T	ERRACE APT 38		
New Registered Office Address:		Enter Florida st	reet address	
PC	OMPANO BEA	ACH	, Florida	33064
<del></del>		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 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>	<u>Address</u>	Type of Action
AMBR	PASQUALE GAMBINO	3300 NE 10TH TERRACE	🗀 Add
		APT 38	□Remove
		POMPANO BEACH, FL 33064	_
			□Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bloom is the content of the factories of the fa	a be specific and cannot be p	olicable statutory filir	(option nore than 90 days after f ng requirements, this	iling.) Pursuant to 605,0207
ocument's effective date on the De			on the melion of the	
record specifies a delayed effective d is filed.	e date, but not an effectiv	'e time, at 12:01 a.m.	on me carner or, (b)	The 90th day after the
record specifies a delayed effectived is filed.				The 90th day after the
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Filing Fee: \$25.00