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COVER LETTER

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TO:

TO: Registration Se Division of Cor			
CUDIFOT.	GE SERVIC	OS E CONSTRUCOES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Gabriel Terenzi Velloso	
		Name of Person	
		GTZ SOLUTIONS LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1160 HERON SOUND DR	
		Address	
		APOPKA, FL, 32703	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		gabriel@gtzsolutions.us	
		to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	all:	
Gabriel Terenzi Velloso		407 747-2972 at ()	
Name o	f Person		ime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GE SERVICOS E C	ONSTRUCOES LLC		
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>03/23/2023</u>	and assigned	
Florida document number L23000148048			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NATIONWIDE SERVICES AND CONSTRUCTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	10708 PRESERVE LAKE DR		
(Principal office address MUST BE A STREET ADDRESS)	ADTION		
	TAMPA, FL 33626		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	address on our records, enter the nam	e of the new registere	
agent and/or the new registered office address here:			
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	
New Registered Office Address:		2012	
	Enter Florida street address	= 	
	, Florida		
	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 amply 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
~ ~~~			□Add
			□Remove
			□Change
			□Add
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Signature of a member or authorized representative of a member	ated		
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	 .	Signature of a member or authorized representat	ive of a member
Gabriel Terenzi Velloso		Typed or printed name of signer	

Filing Fee: \$25.00