Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000221275 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GORIDE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

ILIN 2 2 2023

. .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GORIDE 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 Company were filed on 04/20/2023 _____ and assigned Florida document number L23000195311 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 "L.L.C." 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:

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.

Enter Florida street address

From: Yanet Avila

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	MARTA VILLEGAS	17918 SW 36 STREET	□Add
		MIRAMAR, FL 33029	-
			□ Change
			□Add ´
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
 -			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			☐ Change
			□Add
			□Remove
			ПСтипос

		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·	
				
				
				
			73-d 48	
			····	
				 ,
				
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the crecord specifies a delayed effective.	block does not meet the appearament of State's rec	pplicable statutory fili ords.	ng requirements, this d	ate will not be listed as t
rd is filed.	are duce, but not all briots	ive inte, as relot alin.	on the carrer of. (b)	The your day and, the
Dated	2023	·		
	Signature of a member or	authorized representativ	♦ of afgrember	