## 123000230522

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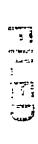


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2023 NOV 14 MAIN: 33



## COVER LETTER

TO: Registration Se Division of Cor		æ			
	UP AND SOLUTIONS 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	ndence concerning this matter	to the following:			
	Karla Otero	•			
		Name of Person			
		Firm/Company			
1005 SPRING GARDENS APT 828					
		Address	<del> </del>		
	MIAMI, FL 33136				
		City/State and Zip Code			
	gigiest21@gmail.com E-mail address: (	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please c	all:			
Karla Otero		at ( )		2023 ROV 14	المرابعة
Name o	f Person		Telephone Number		F ************************************
Enclosed is a check for th	ne following amount:			AR III	
■ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

Mailing Address: 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

GIGI GROUP AND SOLUTION		
( <u>Name of the Lin</u>	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Florida document number 1.23000230522	Liability Company were filed on 05/1	0/2023 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the		signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	<del></del>
		073 110V
B. If amending the registered agent and/or		cords, enter the name of the new registered
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	Karla B Otero Inojosa	
New Registered Office Address:	1005 SPRING GARDENS APT 82	
	Enter Florie	la street address
	Miami	, Florida 33136
	Circ	Zin 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.

> Karla Betania Otero Anojosa If Changing Registered Agent. Signature of New Registered Agent

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
MGR MART	MARTINEZ, GISELA P	13360 W COLONIAL DR. #430	□ Add
		WINTER GARDEN, FL 34787	≡ Remove
			☐ Change
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			Remove 2023
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If amending any other information	4,1,	ŕ			
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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of filing k does not meet the applicable statutory	or more than 90 days after filing requirements, this	filing.) Purs date will	suant to 605 not be list	5.020 ted as
e record specifies a delayed effective or is filed.	date, but not an effective time, at 12:01 a	.m. on the earlier of: (b)	The 90t	h day afte	er the
Dated November 09	. 2023				
K	arla Betania Otero A	nojosa			
		11			
S	gnature of a member or authorized represent	ative of a member			

Filing Fee: \$25.00