## La3000386149

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consultantian to Filling Officer
Special Instructions to Filing Officer:
Amend
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Office Use Only



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5. CHATHAM MAY 23 2025

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## **COVER LETTER**

Registration Section

TO:

Division of Corpo	orations					
	GV SERVICES LLC					
JBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
ease return all correspond	ence concerning this matter	to the following:				
	MANUEL MIGUEL GON	GORA VERA				
		Name of Person	. <del></del>			
	ATHENA M2GV SERVIC	CES LLC				
		Firm/Company				
	12810 TAMIAMI TRAIL	N SUITE 100-A				
		Address	<del> </del>			
	NAPLES FLORIDA 3411	0				
		City/State and Zip Code				
		to have all the three annual consequent	dimilion			
and the state of t		·	meation)			
r further information con-	cerning this matter, piease ca	aii:				
MANUEL MIGUEL GONGORA VERA		786 822-9959				
Name of Person		Area Code Daytin	ne Telephone Number			
iclosed is a check for the f	following amount:					
S25.00 Filing Fee	S30.00 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 Address: Registration Sec Division of Cor		<u>Street Address:</u> Registration Se Division of Co	rporations			
	32314					
Name of Personal State of Pers	ATHENA M2GV SERVICE  12810 TAMIAMI TRAIL  NAPLES FLORIDA 3411  athenam2gv@gmail.com  E-mail address: ( cerning this matter, please externing this matter, please externing amount:  S30.00 Filing Fee & Certificate of Status	Name of Person  CES LLC  Firm/Company  N SUITE 100-A  Address  0  City/State and Zip Code  to be used for future annual report not all: at (	□ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclosed.			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATHENA M2GV 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  $\frac{08/16/2023}{1}$ Florida document number L23000386149 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 12810 TAMIAMI TRIAL N SUITE 100-A Enter new mailing address, if applicable: NAPLES, FLORIDA 34110 (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: Enter Florida street 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.

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>	Address	Type of Action
MGR	JOSE R. MELIAN REGATA	727 12TH ST SE NAPLES FLORIDA 34117	🗆 Add
			<b>=</b> Remove
			□Change
MGR	MANUEL M. GONGORA VERA	4734 ALTIS DR APTO 5404, NAPLES FL 34104	□Add
			□Remove
			<b>=</b> Change
******			□Add
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ffective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	
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rs med.	e 90th day after the
$\sqrt{\frac{1}{2}}$	
ated MARCH 30 2025	
/ Aller	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00