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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co		•	
	rvices LLC	•	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos F Hernandez		
		Name of Person	
	Givime Services LLC		
		Firm/Company	
	15229 SW 112 CT		
		Address	
	Miami, FL 33157		
		City/State and Zip Code	
	cahereo05@gmail.com	to be used for future annual report noti	ficular)
For further information of	concerning this matter, please c		
Carlos F Hernandez		786 308-5906	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>		Street Address:	ari ca
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 63:		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Givime Services LLC

2023 LEC 18 71 7:08

(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 August 25, 2023 _ and assigned Florida document number 1.23000401495 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 "LLC." 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: 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 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	Carlos F Hernandez	15259 SW 112 CT Miami, FL 33157	□Add
			□Remove
			≡ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Remove
			□ Change

	Sig	gnature of a mem	ber or authoriz	zed representativ	e of a member		
Dated December 9	3/1	·	023	, -			
f the record specifies a ecord is filed.				e, at 12:01 a.m	. on the earlie	r of: (b) The ^c	00th day after the
E. Effective date, if of the date is line Note: If the date in document's effective	serted in this block	ite of filing: _ e specific and can e does not meet	the applicab	date of filing or le statutory fili	more than 90 doing requiremen	(optional) ys after filing.) P nts, this date wi	ursuant to 605.0207 (Il not be listed as t
		-					
							
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