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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Services LC Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Marta R Geyer Martin
	Geyer Services LLC Firm/Company
	8521 N. Tampa St.
	Chy/State and Zip Code Martagever 1973 @ grail. (Om E-mail address: (1600c used for future annual report solification)
	E-mail address: (140c used for luture annual report polification)
For	further information concerning this matter, please call:
	Marta R Geyer Martin at 786 379 3252 Name of Person Area Code Daytime Telephone Number
	closed is a check for the following amount: 2 \$25.00 Filing Fee \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gefer 3	services LLC				
(Name of the Limited Li (A F)	ability Company as it now appears on our orda Limited Liability Company)	r records.)			
The Articles of Organization for this Limited Liabili	ty Company were filed on		;	and assi	gned
Florida document number <u>L 24 0000 7</u>	19071				
This amendment is submitted to amend the followin	g:				
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	on "LLC" or t	he abbrevia	ution "L.I	C."
Enter new principal offices address, if applicable			<u> </u>		
Principal office address MUST BE A STREET A	DDRESS)				
			-		
Enter new mailing address, if applicable:		<u> </u>			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
	 				
			_		
B. If amending the registered agent and/or registagent and/or the new registered office address he		, <u>enter the</u> I	name of	the new	registe
	_				
Name of New Registered Agent:					
New Registered Office Address:			75.5	20.	
New Registered Office Address.	Enter Florida stree	et address		<u>~</u> 2;	
		, Florida	555. 1 2 3 3	7 77 /	
· · ·	City		SSC	p Code	- Ex
New Registered Agent's Signature, if changing Regis	stered Agent:		ES	3	III
Thereby accept the appointment as registered ag	gent and agree to act in this capaci.	ty. I furthe	Fagree L	o comp	ith .
	nd complete performance of my du	ties, and I_{\parallel}	am Jam#	tur with	n and
provisions of all statutes relative to the proper a					
provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regi:	ed agent as provided for in Chapte	r 605, F.S.			

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>	Name		Type of Action
MGR	Marta R Geyer Mari	fin 8521 W Tampa St Tampa FL 33604	□Add
		Tampa FL 33604	□Remove
			CAChange
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		TALL	2021 Demove and RR Definance
		—————————————————————————————————————	
		<u> </u>	□Remove
			□Change
			□Add
•			□Remove
			□Change