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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	GIODAL CO	Verage U.C.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Se V CONUZUS  Name of Person	
	<u>Clob</u>	al Coverage UC Firm/Company	رين ح
	<u> </u>	SW 20th St Address	
	N <u>N</u>	City/State and Zip Code	330180
For further information of	E-mail address: (	nbal COVE ray fill (OC) (to be used for future annual report notical):	$\mathbf{W}(u) \cdot (u \times v)$
<u>∫ <b>⊗</b>e</u> Name o	CON 4205 of Person		284 ) ne 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)
Mailing Addre Registration Division of O	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632 Tallahassee	27	The Centre of I	Tallahassee
Lallanassee	PI 1/1/4	JAIN AL MANTA	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	Company were filed on	24/1024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida stre	et address
	Circ	, Florida Zip Code
	City	z.ip 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.

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 V Collasos	10832 SW 20th St Niavaerdale Fl 330108	KAdd
		N lauderagle PL 33008	□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after th
s filed.	
ed 5/1/2024 A.	
Signature vila member or authorized	