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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registra Division		ction porations				
OF THE SECOND	Service					
SUBJECT:		Name of Limited Liability Company				
The enclosed Arti	cles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all c	orrespor	ndence concerning this matter	to the following:			
		Jeremy Gilman				
			Name of Person			
		ETG Services LLC				
			Firm/Company			
		21970 Buxton Ave				
			Address			
		Port Charlotte, FL 33952				
			City/State and Zip Code			
		gilmanjeremy13@gmail.cor	n to be used for future annual report	notification)		
For further inform	nation co	oncerning this matter, please ca		,		
Jeremy Gilman			941 889-8152	2		
	Name of	Person	at () Area Code Day	rtime Telephone Number		
Enclosed is a chec	ck for the	e 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</u>			Street Address			
Registr Divisio		ection orporations	Registration Division of 0	Section Corporations		
P.O. Bo				of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETG Services LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L		NEMBER 5, 2024 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company he	<u>:re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		24
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
		<u>, , , , , , , , , , , , , , , , , , , </u>
B. If amending the registered agent and/or agent and/or the new registered office addresses		ecords, enter the name of the new registered
Name of New Registered Agent:	Jeremy Gilman	
New Registered Office Address:	21970 Buxton Ave	

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.

City

Port Charlotte

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Jeremy Gilman	21970 Buxton Ave Port Charlotte FL 33952	≅Add
			□Remove
			Change
MGR	Tate Demski	21970 Buxton Ave Port Charlotte FL 33952	□Add
			\exists Remove
			□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
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If an ef Note:	tive date, if other than the date of filing:
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	November 35, 2924. Signature of a member of authorized representative of a member
	Typed or pyrited name of signee