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| (Re | equestor's Name) | |
|-------------------------|----------------------|--------|
| (Ad | ldress) | |
| (Ac | Idress) | |
| (Ĉi | ty/State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Name) | |
| (Dc | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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D. BRUCE AUG 10 2020

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|---|--|--|
| SUBJECT: | PFS LLC Name of Lim | ited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | Joan 1 | OPES Name of Person | | |
| | LOPES | Firm/Company | | |
| | 4780 5 | (Inssica) Blud Address | | |
| | Delray Be | City/State and Zip Code | | |
| | E-mail address: (1 | SOLIVE. Wm to be used for future annual report notific | ation) | |
| For further information co | ncerning this matter, please co | all: | P1-3 | |
| Jogo Name of | Person | at (561) 302- (Area Code Daytime | Celephone Number | |
| Enclosed is a check for the | e following amount: | | ्र हुए। जिल्ला इ.स. १९७० व्या | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Concertificate of Status & Certified Copy (additional copy is enclosed) | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOPES LLC | |
|---|---|
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) iability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on June 64, 2026 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4780 S Classical Blud |
| (Principal office address MUST BE A STREET ADDRESS) | Delray Seach FL 33445 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4780 S (lassical Blud Delray Black FL 33445 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | ogo Lopes 3 8 |
| New Registered Office Address: 4180 | S Classical BVd = ================================= |
| - Jels ay | Black Florida 33445 City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | ်မျှ က ကျွန်မျှား |

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> | Name | Address | Type of Action |
|--------------|-------------|--|----------------|
| MUR | Jogo Lopes | 4780 S Classical Blod | _ □Add |
| | | Deliap Beach FL 33445 | |
| | | | _ Change |
| MGR | Thuis Lopes | 4780 S (lassical Blod Dellay Beach FL 33445 | _ 🗆 Add |
| | | Dellay Beach FL 33445 | _ □Remove |
| | | | _ Change |
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| fective | e date, if other | than the | date of filing | 3; | rios to Joseph Sch | | (optio | onal) | |
| ote: If | the date inserted | in this bl | ock does not m | neet the ap | plicable statutor | ry filing requi | rements, this | s date will not b | e list |
| ecord : | specifies a delaye I. | d effectiv | e date, but not | an effectiv | ve time, at 12:01 | a.m. on the | earlier of: (b |) The 90th day | y afte |
| is mice | | 10 | | 21 | <u>) 20</u> . | | | | |
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| | - Jine | v | 1 | | authorized represe | entative of a mo | mber | | _ |

Filing Fee: \$25.00

Date of this notice: 06-04-2020

Employer Identification Number:

85-1300199

Form: SS-4

Number of this notice: CP 575 B

LOPES LLC JOAO T LOPES MBR 921 OSCEOLA DR APT 4 BOCA RATON, FL 33432

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you for 85-1300199. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is LOPE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-04-2020 () -

EMPLOYER IDENTIFICATION NUMBER: 85-1300199

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-3023 Ideblehindahlalladladlashbhhhlal

LOPES LLC JOAO T LOPES MBR 921 OSCEOLA DR APT 4 BOCA RATON, FL 33432