

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L12000008578**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000275200 3)))



H240002752003ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES
Account Number : 120180000048
Phone : (954)793-0353
Fax Number : (954)944-3163

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: VVLADJ@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIPE GENERAL SERVICES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

AUG 19 2024

RECEIVED
AUG 16 PM 1:44
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED
AUG 16 AM 4:15
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H24000275200 3)))

VIPE GENERAL SERVICES, LLC.

(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 01/18/2012 and assigned
Florida document number L12000008578

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 "L.L.C."

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

_____, Florida _____
City Zip 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 Changing Registered Agent, Signature of New Registered Agent

(((H24000275200 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

((H24000275200 3)))

FILED
2024 AUG 16 AM 4:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated 08/14/2024

Estimated Date of Birth: Apr 14, 2024 16:16 EDT

Signature of a member or authorized representative of a member

EDINALVA ALVES DE SOUZA

Typed or printed name of signee

((H24000275200 3)))