## 15000059456

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SECRETARY 25 AM IO: II

## **COVER LETTER**

ro:	Registration Secti Division of Corpo	on rations		
		RVICES USA LLC		
SUBJE	CT:	Name of Limited	Liability Company	
m	alocad Articles of Al	mendment and fee(s) are submi	ned for filing.	
		dence concerning this matter to		
			Name of Person	
		SAFETY TAX & BOOKKE	EPING	
			Firm/Company	
4307 VINELAND RD. SUITE H7				
Address				
		ORLANDO, FL 32811		
			City/State and Zip Code	
		SAFETY@SAFETYTAX.C	OM	oution)
			be used for future annual report notifi	gandur
For fi	urther information co	oncerning this matter, please ca	H:	
PAULO FACTOR  Name of Person		at () Area Code Daytime Telephone Number		
	\$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 Addre</u> Registration	<u>:ss:</u> Section	Street Address: Registration Se	ection
	Division of G	Corporations	Division of Co The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 25 AM 10: 16

SECRETARY OF STATE TALLAHASSEE, FL

SANTOS SERVICES USA LLC

company has been notified in writing of this change.

(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 I		re filed on 05/20/20	015	and assigned
Florida document number L15000089456	<u></u> .			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability C	'ompany," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or	magistamed office add		la antortha noma	of the many peginters.
agent and/or the new registered agent and/or		ress on our record	is, enter the name	of the new registered
Name of New Registered Agent: SAFETY TAX & BOOKKEEPING				
New Registered Office Address:	4307 VINELAND	RD, SUITE H-7		
Enter Florida street address				
	ORLANDO		. Florida 3281	1
		City	Florida <u>3281</u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register				
provisions of all statutes relative to the prop accept the obligations of my position as rea				

If Changing Registered

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ent, 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	<u>Address</u>	Type of Action
<u>-</u>			□Add
			Remove
<u>.</u>	-		□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			Remove
			□Change
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		MAY, 12TH 2022		
Effective date, if other than If an effective date is listed, the date	he date of filing:	t tandamaca	ling or more than 90 days at	tional) ter filing.) Pursuant to 605.0207 (2
If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	i block does not met	t the applicable statut	ory filing requirements, t	his date will not be listed as the
document's effective date on in	Department of Star			
e record specifies a delayed effe	ctive date, but not ar	effective time, at 12:	I a.m. on the earlier of:	(b) The 90th day after the
ord is filed.				
MAY 12TH		2022		
Dated				
<i>T</i>	1. V	1 6- 1	( )	

Typed or printed name of signee