## L16000220143

/Pa	questor's Name)	
(Ne	questoi s ivaille)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
,	Ź	
Certified Copies	Certificates	e of Status
Certified Copies	_ Certificate.	5 01 Otatus
Special Instructions to	Filing Officer:	
į		
		į
[		
<u> </u>		

Office Use Only



12/13/21--01024--018 \*\*25.00

12/22/2/ MS,

## COVER LETTER

	Registration Sec Division of Corp		•	
cuping		NTE SERVICE LLC		
SUBJEC	Т:	Name of Limi	ted Liability Company	
The encle	osed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		DANIEL D De GOUVEIA	PITA	
			Name of Person	
		SAN VICENTE SERVICE	Name of Person  E LLC  Firm/Company  BLVS SUITE 221  Address  City/State and Zip Code  S@GMAHL.COM  tto be used for future annual report notification)	
			Firm/Company	
		16057 TAMPA PALMS B	LVS SUITE 221	
			Address	
		TAMPA FL 33647		
		-1	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		SANVICENTESERVICES(	•	
For furth	er information c	E-mail address: ( oncerning this matter, please e		port notification)
	. D GOUVEIA I			5968
	Name o	f Person		Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	Division of C		<del>-</del>	of Corporations
	P.O. Box 632	27		tre of Tallahassee
	Tallahassee.	FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAN VICENTE SERVICE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/05/2016	and assigned
Florida document number L16000220143		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16057 TAMPA PALMS BLVD S	VTE 221
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33647	
		. 65
Enter new mailing address, if applicable:	16057 TAMPA PALMS BLVD S	STE 221 5 6 .
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33647	70: C
		120 mg
		ب ب
B. If amending the registered agent and/or registered office agent and/or the new registered <u>office address here</u> :	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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

Tamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added extremoved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISAAC D PITA	4738 NW 107TH AVE APT 1208	
		DORAL FL 33178	XRemove
		<del></del>	
MGR DANIEL D GOUVEIA	DANIEL D GOUVEIA PITA	16057 TAMPA PALMS BLVD STE 221	XAdd
		TAMPA FL 33647	□Remove
		··	□Change
<del></del>			□ □ Add
			Change □ Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			Remove
			(T) Change

	<u> </u>			<u> </u>			_
			<u> </u>		·-·		
							_
							_
							_
							- <b>-</b>
		_ <del></del>			<del></del>		_
	<del></del>						<del></del>
							_
	. <u> </u>						
							12021 DEC
						The City	PE(
			<del>_</del>			- <del> </del>	- <u>-</u> -
					<u></u>	::	_ <u></u>
						, (·	·۔ <u>ڊ</u> _
						至	. က က
							_
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific a is block does not	nd cannot be prio I meet the appli	cable statutory	or more than 90 d filing requireme	(optional) lays after filing.) ents, this date	Pursuant to will not be	605.0207 listed as
e record specifies a delayed efford is filed.	ective date, but n	ot an effective	time, at 12:01	a.m. on the earli	er of: (b) The	e 90th day a	ifter the
DECEMBER 6		2021					
Dated		-· <del></del>	<del></del> ·				
Dated	-cn·/	•					
Dated	Dila	'n manhar ar an'	hairand pampacan	uative of a membe	<del></del>		•

Filing Fee: \$25.00