L20 000 157 228

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Received: 07113
	Office Use Only 5.C. 07/13121



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2021

ALLYSON M. PEREIRA MARTINS 8091 BOCA RIO DRIVE BOCA RATON, FL 33433

SUBJECT: SERVUS SMART COATINGS LLC

Ref. Number: L20000157228

We have received your document for SERVUS SMART COATINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00011310

www.sunbiz.org

COVER LETTER

	legistration Se Division of Cor			
eun ie <i>c</i> a		MART COATINGS LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		ALLYSON M PEREIRA	MARTINS	
			Name of Person	
			Firm/Company	
		8091 BOCA RIO DR		
		BOCA RATON, FL 3343.	Address	
		ally@servuscs.com E-mail address: (City/State and Zip Code to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
ALLYSO	N M PEREIRA	MARTINS	561 757-14 7 9	
	Name of	f Person	Area Code Daytime Telephone	e Number :
Enclosed is	s a check for th	ne following amount:		> .;
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	Jailing Address egistration Solivision of C	Section	Street Address: Registration Section Division of Corporations	S.
	O. Box 632	•	The Centre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Clorida document number L20000157228	y Company were filed on <u>06/08/202</u>	0 and assigned
his amendment is submitted to amend the following	:	
. If amending name, enter the new name of the	imited liability company here:	
ERVUS CONSTRUCTION AND SERVICES LLC		
ne new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9340 SW 61ST WAY A	APT C
Principal office address MUST BE A STREET AD	DRESS) BOCA RATON, FL 33	428
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		
. If amending the registered agent and/or registe gent and/or the new registered office address her		, enter the name of the new regis
Name of New Registered Agent: AL	LYSON M PEREIRA MARTINS	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
New Registered Office Address: 934	0 SW 61ST WAY APT C	Ū
	Enter Florida stree	ه ۲۰۰۰
ВС	CA RATON	Florida 33428.

New Registered Agent's Signature, if changing Registered Agent:

SERVUS SMART COATINGS LLC

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	MATEUS B BARTH	8091 BOCA RIO DR	
		BOCA RATON, FL 33433	≣Remove
			□Change
			□Add
			Remove
			Change
			□Add
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