12/29/2020 Page:

08:31 AM

TO:18506176383

FROM: 5615375904

Division of Corporations 12/28/2020 ision **effC**orpora**ti**ons

> 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.

> > (((H20000441185 3)))



H200004411853ABCZ

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Fax Number

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LL

Account Number : I20160000067

: (407)370-3686 : (407)370-3120

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

Email Address: TAXPREPARER@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PP SERVICES CARRIER LLC

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70

Page: 2. 12/29/2020 08:31 AM TO:18506176383 FROM:5615375904

COVER LETTER

(((H20000441185 3)))

TO: Registration Se Division of Cor			
	CES CARRIER LLC		
SUBJECT:	Name of Lim	ited Liability Company	
		in the state	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter	to the following.	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	GROUP	j. vi
Firm/Company			
7901 KINGSPOINTE PARKWAY, STE 17			
	-	Address	•
	ORLANDO, FLORIDA, 32819		
		City/State and Zip Code	
	TAXPREPARER@LARSO	NACC.COM to be used for future annual report notif	
C- Carlan in Committee on	oncerning this matter, please c		itearion
	oncerning this matter, prease c		
CAROLINE LARSON		407 370-3686 at ()	TO Later Name
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$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 of Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	
Division of C P.O. Box 633	Corporations	Division of Cor The Centre of T	-
Tallahassee,		·	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 3. 12/29/2020 08:31 AM TO:18506176383 FROM:5615375904

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000441185 3)))

PP SERVICES CARRIER LLC			
(Name of the Lim	ted Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number 1.20000384955		ny were filed on 12/09	2/2020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here	; :
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		N/A	- 103 - 103 - 100
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>
Enter new mailing address, if applicable:		N/A	PH
(Mailing address MAY BE A POST OFFICE BOX)			<u>₹ 78</u>
			99 2
B. If amending the registered agent and/or agent and/or the new registered office address.	registered offic ess here:	e address on our rec	ords, <u>enter the name of the new regist</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	Enter Florida street address		
	N/A		, Florida N/A
		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.

Page: 4- 12/29/2020 08:31 AM TO:18506176383 FROM:5615375904

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member (((H20000441185 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	THOMAS F. DOS SANTOS	6431 SWANSON ST, WINDERMERE, FL, 34786	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			Change COAdd
	·	Remove	
		DAdd	
		Петюve	
			🗆 Change
			□ Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			ClChange

(((H20000441185 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4. 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. 2020 DECEMBER, 28 Dated Signature of a member or authorized representative of a member **CESAR VASCONCELOS MATTOS** Typed or printed name of signee

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5 - 12/29/2020

Page:

08:31 AM

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