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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

SECRETARY OF STAT

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
FREITAS SUBJECT:	IMPROVEMENT GROUP. LI	"C		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person		
RS ACCOUNTING AND TAX SERVICES INC Firm/Company				
	10 FAIRWAY DRIVE ST			
		Address		
	DECREUS DE ACTUEL		A OC TALL	**
	DEERFIELD BEACH FL			هوي من نا
	rodrigo@rsaccountingtax.c	City/State and Zip Code om	2024 OCT 31 PH 1:34 SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE	į
		to be used for future annual report notifier	ation) SS I	
For further information of	concerning this matter, please c	all:		2
RODRIGO P SILVA		954 623-7615	Lr.;	
Name o	of Person	at ()	elephone Number	
Enclosed is a check for t	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 & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Section Division of Corpo	orations	
P.O. Box 632	21	The Centre of Tal	lahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENT GROUP, LLC
any as it now appears on our records.) Liability Company)
were filed on FLORIDA and assigned
pility company here:
TTIONS LLC
ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
4387 NW IST DRIVE
DEERFIELD BEACH, FL 33442
4387 NW IST DRIVE
DEERFIELD BEACH, FL 33442
address on our records, enter the name of the new rogister
Enter Florida street address

Florida City Zip Code
2) i

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

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	FREITAS NETO, ANTHONY S	4387 NW IST DRIVE	□Add
		DEERFIELD BEACH, FL 33442	□Remove
			■ Change
			🗆 Add
			□Remove
			□Change
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300		
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to block does not meet the applicable statutory filing requirements, this date will not be	605.0207 (3) listed as the
e record specifies a delayed effected is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
OCT 14	2024	
	Signature of a member or authorized representative of a member	_
	ANTHONY S FREITAS NETO	

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Filing Fee: \$25.00