

L21000161208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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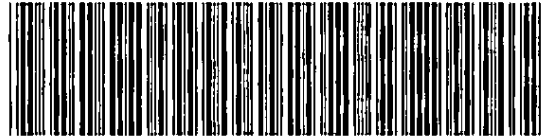
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUN 16 PM 2:39

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TESLA SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO FIGUEIREDO

\_\_\_\_\_  
Name of Person

SOLUTION ADVISING LLC

\_\_\_\_\_  
Firm/Company

5728 MAJOR BLVD - SUITE 609

\_\_\_\_\_  
Address

ORLANDO - FLORIDA - 32819

\_\_\_\_\_  
City/State and Zip Code

info@solutionadvising.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

407 318-0058  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

TESLA SERVICES LLC

2022 JUN 16 PM 2:39

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/07/2021 and assigned  
Florida document number L21000161208.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

9054 EDENSHIRE CIR. ORLANDO, FL 32836

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

9054 EDENSHIRE CIR. ORLANDO, FL 32836

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID DOS SANTOS NEVES	9054 EDENSHIRE CIR. ORLANDO, FL 32836	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATALIA CARDOSO NEVES	9054 EDENSHIRE CIR. ORLANDO, FL 32836	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12. If appending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I WOULD LIKE TO ADD " DAVID DOS SANTOS NEVES" AS A MEMBER OF THE LLC AND ALSO

UPDATE THE NEW ADDRESS OF THE COMPANY AND MAILING ADDRESS TO " 9054 EDENSHIRE

CIR, ORLANDO, FL 32836"

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TALLAHASSEE, FL

**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.

Dated 5/31/2022

DocuSigned by:

CARDOSO NEVES, NATALIA

0001625F030F45F

Signature of a member or authorized representative of a member

NATALIA CARDOSO NEVES

Typed or printed name of signee