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(((H23000424704 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VANJOPI SOLUTIONS INC

Account Number : 120220000179 Phone : (201)658-4981 : (407)289-8988

Fax Number

Email Address:_

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERVICE WITHOUT BORDERS, LLC

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T. LEMIEUX

DEC 14 2023

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Corporate Filing Menu

Help

	Registration S Division of Co				
SUBJEC	SERVICE	WITHOUT BORDERS, LLC			
SCHIEC		Name of Lit	mited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please ret	urn all corresp	ondence concerning this matte	r to the following:		
		MARIA P VENTURA			
			Name of Person		
		VANJOPI SOLUTIONS	INC		
			Firm/Company		_
		9469 CANDICE CT			
			Address		_
		ORLANDO, FL 32832			
			City/State and Zip Code		-
		VANJOPI@GMAIL.COM	to be used for future annual		
For furthe	r information c	oncerning this matter, please c		героп пописаноп)	
	VENTURA			3-4981	
	Name o	f Person	at () Area Code	Daytime Telephone Numbe	 г
linclosed i	s a check for th	ne following amount:			
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

H230004247043

SERVICE WITHOUT BORDERS, LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/16/2021	and assigned
Florida document number L21000492943		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
P & S SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	n con	
Principal office address MUST BE A STREET ADD		
Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		F1.7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere		F1.7
Enter new mailing address, if applicable:		F1.7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere		F1.7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:		F1.7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere gent and/or the new registered office address here:		F1.7
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the n</u>	ame of the new region

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

H 230004247043

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
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	on the date of fillings 12-	-13-2023	•		
Effective date if other th	for the date of filling	ot be prior to date of fi	ling or more than 90 days a	after filing.) Pursuant to 60	05.0207
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