

h22000 257622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

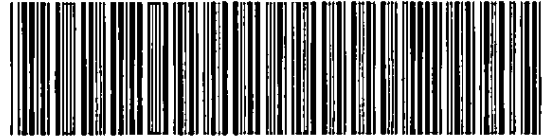
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED JUL 29 2022

2022 JUL 29 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERVICIO DE ACTIVOS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DEAN ATANASOVSKI

Name of Person

ATLANTIC PRIME INC

Firm/Company

1153 MALABAR RD NE UNIT 17

Address

PALM BAY FL32907

City/State and Zip Code

DEAN@ATLANTICPRIME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEAN ATANASOVSKI

305 8577646
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SERVICIO DE ACTIVOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 24 2022 and assigned
Florida document number L22000287622.

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: -----

(Principal office address MUST BE A STREET ADDRESS)

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

(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:

DEAN ATANASOVSKI

New Registered Office Address:

1153 MALABAR RD NE UNIT 17

Enter Florida street address

PALM BAY

City

Florida 32907

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

FILED
2022 JUL 29 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

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	CARMEN RAMOS		<input type="checkbox"/> Add
		1013 PANDORA RD SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARMEN MALOUF	1013 PANDORA RD SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEIN IS 88-3013690

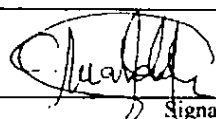
E. Effective date, if other than the date of filing: 07/25/2022 **(optional)**

(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 07/25/2022 12:13 PM



Signature of a member or authorized representative of a member

CARMEN MALOUF

Typed or printed name of signee



FLORIDA VEHICLE REGISTRATION

CO/AGY 19 / 6

T# 1135241097
R# 1285218

PLATE **DFAE28** DECAL **19510223** Expires **Midnight Sun 12/6/2020**

YR/MK	2008/HOND	BODY	5D	COLOR	RED	Reg Tax	25.10	Class Code	1
VIN	JHMGD38408S045207			TITLE	100971334	Init Reg		Tax Months	10
Plate Type	RGS	NET WT	2485			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	1
DI/FEID	M410100709460					Sales Tax		Credit Months	
Date Issued	2/10/2020	Plate Issued	10/8/2014	TRANSFER:	X	Voluntary Fees			
						Grand Total	28.10		

CARMEN MALOUF
1013 PANDORA RD SE
PALM BAY, FL 32909-6094

(305) 684-4366

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE