L22000526612

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:S&	R BEST SERVICES LLC			
SUBJECT		nited 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:		
		ROGERIO ALVES BA	RBOSA	
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	5750 NW 74 TH PL,APT 203			
		Address		
		COCONUT CR	EEK. Fl. 33073	
		City/State and Zip Code	P.1	
	Rogeraba	rbosa@yahoo.com.br to be used for future annual	report notification)	
For further information c	oncerning this matter, please c		· ; · · · · · · · · · · · · · · · · · ·	
ROGERIO ALVI	ES BARBOSA	at (_561)	668-5928	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &	
Mailing Address: Registration Section		Street Ac Registra	Idress: ntion Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	ecuices 1-1-c	·
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our reco ability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on01/01/2023	and assigned
Florida document number L22000526612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	y Company," the designation "LI	LC" 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:		1
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		7 <u>5</u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	'ess'
	City ,	F lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, covided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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>	Type of Action
MGR	Sandra Alves Barbosa	5750 NW 74TH PLApt 203 Coconut Creek FL 33073	<u>L</u> YAdd
			□Remove
			□Change
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Im Rogerio Alves Barl	oosa and I want Add my wife	Sandra Alves Barbosa	
Thank you in advance !			
 			
			
			
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	r than the date of fil		(optional)
		and cannot be prior to date of filing or more than 9 of meet the applicable statutory filing require	
ament's effective dat	te on the Department of	f State's records.	
-	red effective date, but i	not an effective time, at 12:01 a.m. on the ea	irlier of: (b) The 90th day after the
filed.			
	1		
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		- // back	<u>್ಕ</u>
		a member or authorized representative of a mem	abar .
	Signature	a memper of authorized representative of a mem	iher I
		Rogerio Alves Barbosa	

Typed or printed name of signee