

L23000051530

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUPPORT SERVICES USA, LLC

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DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: SUPPORT SERVICES USA, 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:

CLAUDIO TOLEDO RIBEIRO

Name of Person

TAXPEOPLE, LLC

Firm/Company

2855 SW BRIGHTON ST

Address

PORT LUCIE, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772

460.1000

Name of Person

at ()

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((H23000364026 3)))
TO
ARTICLES OF ORGANIZATION
OF

SUPPORT SERVICES USA, 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 02/02/2023 and assigned
Florida document number **L23000051530**

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:

1712 SW LOFGREN AVE
PORT ST LUCIE, FL 34953

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1712 SW LOFGREN AVE
PORT ST LUCIE, FL 34953

(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

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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>	<u>Percentage</u>
AMBR	FIRST NAME: ANDRE CHICONELLI LAST NAME: CARVALHO FERREIRA	11415 SW DISCOVERY WAY #206 PORT ST LUCIE, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change	
AMBR	FIRST NAME: ANA AMELIA LAST NAME: ANDRADE DE CARVALHO	11415 SW DISCOVERY WAY #206 PORT ST LUCIE, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change	
AMBR	FIRST NAME: DAVID LAST NAME: ALVES PARENTE SOEIRO	1712 SW LOFGREN AVE PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	50%
AMBR	FIRST NAME: DIEGO LAST NAME: LOPES DA SILVA	537 SW VIOLET AVE PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change	50%

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

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 October 18, 2023.

x David Alves Parente Soeiro
Signature of a member or authorized representative of a member