L23000119809

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SECRETARY OF STATE TALLAHASSEE, FL 2024 AUG 13 PM 2:

COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Col	rporations		·	•	
	GENERAL SERVICES LLC				
SUBJECT:	Name of Lin	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:			
	JOSELITO DE SANTAN	A SOUSA			
Name of Person					
AIMIRIM GENERAL SERVICES LLC					
Firm/Company					
4263 LOSCO ROAD APT-1132					•
		Address			
	JACKSONVILLE FL 322	57			
		City/State and Zip Code			
	JDESANTANASOUSA@0		·	() ~	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificati	on)	024 EC!	** ;
JOSELITO DE SANTAI	NA SOUSA	201 633-4830 at ()		6 I3 TARY	:
Name o	f Person		ephone Number	AUG 13 PH 2: 20 RETARY OF STAT LLAHASSEE, FL	
Enclosed is a check for th	ne following amount:			20 ATE	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
Mailing Addres	<u>s:</u>	<u>Street Address:</u>			

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIMIRIM GENERAL SERVICES LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000119809</u> .	were filed on <u>03/07/2023</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	4263 LOSCO ROAD				
(Principal office address MUST BE A STREET ADDRESS)	APT-1132				
	JACKSONVILLE FL 32257				
Enter new mailing address, if applicable:	4263 LOSCO ROAD				
(Mailing address MAY BE A POST OFFICE BOX)	APT-1132				
	JACKSONVILLE FL 32257	17A			
	-	AUG T			
B. If amending the registered agent and/or registered office	address on our records, <u>enter the nam</u>				
agent and/or the new registered office address here:		PH 2			
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 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
AMBR	JULIO CESAR DOS SANTOS SA	4263 LOSCO ROAD APT-1132	= Add
		JACKSONVILLE FL 32257	□Remove
			□Change
			□Remove
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ective date, if other than the date effective date is listed, the date must be	te of filing:		(optiona	n : '' (2)	Ņ.
e: If the date inserted in this block ument's effective date on the Department.	does not meet the appl	icable statutory filing	g requirements, this da	te will not be l	li ste
ord specifies a delayed effective da filed.	ite, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	Fhe 90th day a	fter
JULY 25	2024				
	Resulto	-)) Ja	المحد		

Typed or printed name of signee