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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

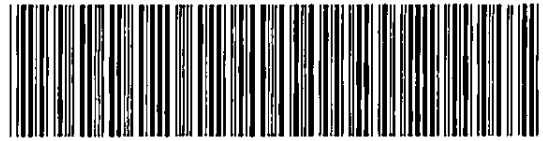
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24 AUG -7 AM 6:02

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: A+ PROPERTY CARE FLORIDA 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:

POPOVA, TETYANA  
Name of Person

A+ PROPERTY CARE FLORIDA LLC  
Firm/Company

2160 58TH AVE #221  
Address

VERO BEACH, FL 32966  
City/State and Zip Code

APLUSMAIOS.TETYANA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

POPOVA, TETYANA at (772) 501-1833  
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**

A+ PROPERTY CARE FLORIDA 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 04/09/2024 and assigned Florida document number L24000168727

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 24  
\_\_\_\_\_ -7

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 02

**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: LILA ZAVALA

New Registered Office Address: 1166 6TH AVE #20D  
Enter Florida street address

VERO BEACH, Florida 32960  
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

If a pending 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

Title                      Name                                      Address                                      Type of Action

AMRB      POPOVA, STANISLAV      1706 E SEMORAN BLVD       Add

SUITE 103 APOPKA, FL       Remove

32703       Change

AMRB      POPOV, STANISLAV      2160 58TH AVE #221       Add

VERO BEACH, FL       Remove

32966       Change

PLEASE NOTE THE LAST NAME WAS NOT       Add

ENTERED INCORRECTLY. CORRECT LAST       Remove

NAME IS "POPOV"

PLEASE ALSO CHANGE THE ADDRESS TO       Change

VERO BEACH       Add

\_\_\_\_\_       Remove

\_\_\_\_\_       Change

\_\_\_\_\_       Add

\_\_\_\_\_       Remove

\_\_\_\_\_       Change

\_\_\_\_\_       Add

\_\_\_\_\_       Remove

\_\_\_\_\_       Change

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

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**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 JULY 26 2024



\_\_\_\_\_  
 Signature of a member or authorized representative of a member

POPOVA, TETYANA

\_\_\_\_\_  
 Typed or printed name of signee