

L24000244045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

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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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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
FERREIRA PROFESSIONAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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M. SOLOMON
JUN - 6 2024

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6/6/2024 9:53:34 AM PAGE 1/001 Fax Server



June 6, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FERREIRA PROFESSIONAL SERVICES, LLC
3755 SW KAISER ST
PORT ST LUCIE, FL 34953US

SUBJECT: FERREIRA PROFESSIONAL SERVICES, LLC
REF: L24000244045

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000198176
Letter Number: 424A00012266

SECRETARY OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FERREIRA PROFESSIONAL SERVICES, LLC

Name of Corporation

DOCUMENT NUMBER: L24000244045

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudio Toledo Ribeiro

Name of Contact Person

TaxPeople, LLC

Firm/Company

2855 SW Brighton St

Address

Port St 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

at (772) 460-1000

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: FERREIRA PROFESSIONAL SERVICES, LLC

SECOND: The Florida Document number of the limited liability company is: L24000244045

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION FOR LLC

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE IV: Name and Address: Last Name: GOMES FERRERIA

The CORRECTED Authorized Member last name is: Gomes Ferreira

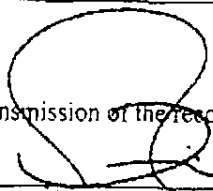
OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

☐

OR

- ☐ The electronic transmission of the record was defective.



06/06/2024

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

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SECRETARY
OFFICE

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