

L24 000341822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

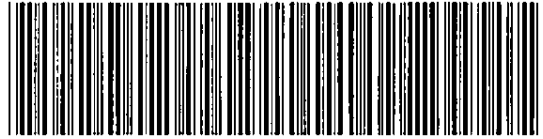
(Business Entity Name)

(Document Number)

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2024 NOV -1 AM 8:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEP & FERREZ SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE C. SANTOS FERREIRA

Name of Person

STEP & FERREZ SERVICES LLC

Firm/Company

1530 NE 32ND CT

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

gfinvestmentsandtransports@gmail.com

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

For further information concerning this matter, please call:

STEPHANIE C. SANTOS FERREIRA

754

305-3599

at (_____) _____

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**

FILED

2024 NOV -1 AM 8:55

STEP & FERREZ SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

**CLERK OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 08/01/2024 and assigned
Florida document number L24000341822.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GF Investments and Transports LLC

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:

2024 Dinger Drive, Apt# 304 mailbox #100 Davenport

(Principal office address MUST BE A STREET ADDRESS)

Florida 33837

Enter new mailing address, if applicable:

2024 Dinger Drive, Apt# 304 mailbox #100 Davenport

(Mailing address MAY BE A POST OFFICE BOX)

Florida 33837

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

City

Florida

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 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>AMBR</u> | <u>STEPHANIE C. SANTOS FERREIRA</u> | <u>2024 Dinger Drive, Apt# 304 mailbox #100</u> | <input type="checkbox"/> Add |
| | | <u>Davenport, Florida 33837</u> | <input type="checkbox"/> Remove |
| | | <u>(New Address)</u> | <input checked="" type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |
| <u>_____</u> | <u>_____</u> | <u>_____</u> | <input type="checkbox"/> Add |
| | | <u>_____</u> | <input type="checkbox"/> Remove |
| | | <u>_____</u> | <input type="checkbox"/> Change |

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

Please update LLC records with the Employer ID Number # 32-0784127

FILED
2024 NOV - 1 AM 8:55
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 15 2024

X Stephanie C. Santos Gouveia
(Signature of a member or authorized representative of a member,

(Signature of a member or authorized representative of a member,

STEPHANIE C. SANTOS FERREIRA

Typed or printed name of signee

Filing Fee: \$25.00