

9/20/24, 8:55 AM



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(((H24000320648361)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DIRECT SOLUTION SERVICES  
Account Number : 120230000083  
Phone : (239)443-5846  
Fax Number : (800)920-4857

\*\*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  
FFA PADRON SERVICES.LLC

Certificate of Status	0
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FFA PADRON SERVICES 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:

GREISY SUAREZ

\_\_\_\_\_  
Name of Person

DIRECT SOLUTION SERVICES

\_\_\_\_\_  
Firm/Company

1248 VISCAYA PKWY

\_\_\_\_\_  
Address

CAPE CORAL FL 33990

\_\_\_\_\_  
City/State and Zip Code

INFO@DIRECTSOLUTIONSERVICES.COM

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

For further information concerning this matter, please call:

GREISY SUAREZ

239

4435846

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

FFA PADRON SERVICES 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 08/06/2024 and assigned  
Florida document number L24000345361.

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**)

Enter new mailing address, if applicable:

(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:

PADRON ONETTO SERGUEY

New Registered Office Address:

2200 NE 7TH AVE

Enter Florida street address

CAPE CORAL

Florida 33909

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 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>
AMBR	ONETTO PADRON, SERGUEY	2200 NE 7TH AVE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
COMMISSIONER OF  
REVENUE  
PAGE 12  
2024 SEP 25 10:03 AM  
TALLAHASSEE, FL

2000 03 11 11:30 AM

(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)

Dated 25 TH SEPTEMBER 2024

**SERGUEY PADRON ONETTO**

Typed or printed name of signee

**Filing Fee: \$25.00**