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L25000198614

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PRIMEINCOMETAX1@GMAIL.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DE PAULA SERVICES LLC

Certificate of Status	0
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DE PAULA 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:

RAFAELA NUNES VIEIRA
Name of Person

PRIME INCOME TAX AND ACCOUNTING LLC
Firm/Company

23269 STATE ROAD 7, SUITE 119
Address

BOCA RATON, FL. 33428
City/State and Zip Code

primeincometax1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAELA NUNES VIEIRA at (561) 409-3106
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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 OCT 28 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE PAULA 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 04/25/2025 and assigned Florida document number L25000198614.

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)

1415 SE 8TH AVE, APT 202
DEERFIELD BEACH, FL. 33441

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1415 SE 8TH AVE, APT 202
DEERFIELD BEACH, FL. 33441

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

Title	Name	Address	Type of Action
AMBR	Renato Gomes de Paula	1415 SE 8TH AVE, APT 202	☐Add
		DEERFIELD BEACH, FL. 33441	☐Remove
			■Change
AMBR	Michellini Alves Silva de Paula	1415 SE 8TH AVE, APT 202	☐Add
		DEERFIELD BEACH, FL. 33441	☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

PLEASE CHANGE PRINCIPAL OFFICES ADDRESS, MAILING ADDRESS AND PARTNERS ADDRESS TO

1415 SE 8TH AVE, APT 202, DEERFIELD BEACH, FL, 33441.

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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 OCTOBER, 28TH, 2025.

_____

Signature of a member or authorized representative of a member

RENATO GOMES DE PAULA

Typed or printed name of signee

Filing Fee: $25.00

Doc ID: e848c209d37f410f5296a82591e887bf8625061f