

P24 000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

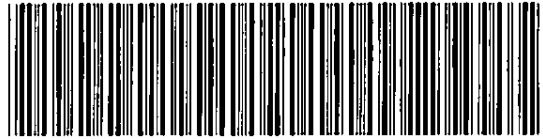
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

APR 26 2024

Office Use Only



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FILED  
2024 APR -4 AM 8:57  
ST. JOSEPH, MO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2024

LUCIA P DE MELO MENEZES  
400 LOCK RD  
APT. 3  
DEERFIELD BEACH, FL 33442 US

SUBJECT: LUHMELO SERVICES CORPORATION  
Ref. Number: P24000000836

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document number of the name conflict is L19000092438.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 424A00006075

Rec 4/16

**To: FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**  
P.O. BOX 6327  
TALLAHASSEE, FL 32399-0135

**A/C: Regulatory Specialist II – Jasmine N Horne**

**Re: LUHMELO SERVICES CORPORATION**  
REF. NUMBER: P2400000836

**REF: RESPONSE LETTER NUMBER: 424A00006075**

To Regulatory Specialist II – Jasmine N Horne or whom it may concern:

I received the Letter 424A00006075 which inform that the name designated in my document is unavailable.

As directed, in response, I am returning the document, with the copy of the letter received and the new request.

I kindly request you to review the attached documents and process the request.

Thank you for your attention, please let me know if you need any further information regarding this matter.

Lucia P de Melo Menezes  
President of Luhmelo Services Corporation

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LUHMELO SERVICES CORPORATION

DOCUMENT NUMBER: P24000000836

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIA P DE MELO MENEZES

Name of Contact Person

Firm/ Company

400 LOCK RD APT. 3

Address

DEERFIELD BEACH, FL 33442

City/ State and Zip Code

manutencaoqsomaeua@gmail.com

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

For further information concerning this matter, please call:

Mariana Peixoto

at ( 754 )

802-1888

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

LUHMELO SERVICES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000000836

(Document Number of Corporation (if known))

FILED  
2024 APR -4 AM 8:56  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

ATD SERVICES SOLUTIONS CORPORATION

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	MARCELO MENEZES DE JESUS	400 LOCK RD APT. 3 DEERFIELD BEACH, FL 33442
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 01/15/2024  
(no more than 90 days after amendment file date)

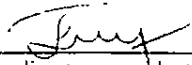
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by 100  
(voting group)"

Dated 02/16/2024

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUCIA P DE MELO MENEZES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)