

Division of Corporations Electronic Filing Cover Sheet

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H240002327433ABC.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

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

Email Address: INFO@CLAUDIALIMATAX.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARS AMERICAN GENERAL SERVICE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: ARS AMERICAN	GENERAL SERVICE INC	C	
	BER: P24000042515			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	CLAUDIA LIMA			
		Name of Contact Person	1	
	CLAUDIA LIMA TAX & A	CCOUNTING LLC		
		Firm/ Company		
	9100 CONROY WINDERM	ERE RD STE 200 OFFICE	241	
		Address		
	WINDERMERE, FL 34786			
		City/ State and Zip Code		
	INFO@CLAUDIALIMATA	X.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
CLAUDIA LIMA		at () 552-7903 de & Daytime Telephone Number	
Name	of Contact Person	Arca Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Street .	Address	
	endment Section		ment Section	
	rision of Corporations		n of Corporations	
). Box 6327		entre of Tallahassee	
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

<u>3/8</u> 2 10.7.2024 6:24:23

Articles of Amendment

FILTE

orporation (if knowr	2024 JUL 10 AM 10: 09 a Dopt of State) OF JALE A SSEE, FLORIDA a stion adopts the following amendment(s
orporation (if knowr	n)
orporation (if knowr	n)
orporation (if knowr	n)
rida Profit Corpora	ation adopts the following amendment(s
	The new
ipany," or "incorpoi rofessional corpora	rated" or the abbreviation "Corp.," ttion name must contain the word
s <u>in Florida, enter t</u>	he name of the
COUNTING LLC	
ERE RD STE 200 OI	FFICE 241
address)	
	, Florida
(ימ	(Zip Code)
and accept the obli	igations of the position.
	s in Florida, enter to CCOUNTING LLC ERE RD STE 200 O address)

Signature of New Registered Agent, if changing

Check if applicable

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

FAX		2 +14074492348				Ξ
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

2 10.7.2024 6:24:50

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) $\frac{X}{-}$ Change	DIR	ADRIANO REZENDE SOARES	10728 WINDSOR CT
Add			ORLANDO, FL 32821
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	_	-
Add			
Remove			

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7.6						
. <u>II amen</u> (Attach)	ding or adding addition additional sheets, if nece	nal Articles, enter ch ssary). (Be specific	ange(s) here:			
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		-				
If an an	nendment provides for	an exchange, reclassi	fication, or cancellatio	n of issued shares	3	
provisi	ons for implementing t	he amendment if not	fication, or cancellatio contained in the amen	n of issued shares dment itself:	1	
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FAX, .	2 +14074492348	Φ	€6/8	2 10.7.2024	6:25:25
The date	of each amendment(s) a document was signed.	doption:			_, if other than the
Effective	date <u>if applicable</u> :		s after amendment file date)	<u>.</u>	
		(no more than 90 day	s after amendment file date))	
Note: If documen	the date inserted in this b t's effective date on the De	lock does not meet the applicable partment of State's records.	statutory filing requirement	s, this date will	not be listed as the
Adoption	of Amendment(s)	(<u>CHECK ONE</u>)			
The ar	mendment(s) was/were add was not required.	opted by the incorporators, or board	of directors without shareho	older action and	shareholder
☐ The ai	mendment(s) was/were ado e shareholders was/were su	opted by the shareholders. The num officient for approval.	ber of votes cast for the am-	endment(s)	
□ The at	mendment(s) was/were app be separately provided for	proved by the shareholders through each voting group entitled to vote s	voting groups. The following separately on the amendment	ng statement	2024
		for the amendment(s) was/were suf		LAHASSE	
'	by	(voting group)	······································	SSER	0 1
	JULY 9TH	2024	_	FLOR	FILED 284 10: 09
	Signature Signature	7/00 boares (be 10, 1071 05:13 Cd):		\triangleright	- -
	selected	rector, president or other officer – i l, by an incorporator – if in the han ed fiduciary by that fiduciary)			
		ADRIANO REZENDE SOARES			
		(Typed or printed name	of person signing)		 _
		DIRECTOR			
		(Title of person signing)			