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To:

Division of Corporations:

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

: (407)520-5473 Fax Number

**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 MR. QUESITOS LLC

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Corporate Filing Menu

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SEP 1 8 2020 S. YOUNG

COVER LETTER

TO: Registration So Division of Con	ection -porations		
	SITOS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	RICARDO CAICEDO		
	·	Name of Person	
	MR QUESITOS		
		Firm/Company	
	530 LANDCASTER ROA	D	
<u>.</u>		Address	
	ORLANDO, FL 32809		
		City/State and Zip Code	
	RCTAXSERVICE@EART	HLINK.NET to be used for future annual report not	fication)
For further information	concerning this matter, please c		
		407 2017913	
RICARDO CAICEDO	of Person	at ()	ne Telephone Number
Menue	of retson		
Enclosed is a check for	the following amount:		•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	i Section Corporations 327	Street Address: Registration Set Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee De Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

		S S
MR. QUESITOS LLC	·	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 12/26/2017	and an greed
Florida document number L17000261647		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	lability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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 and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida .
	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>	Name	Address	Type of Action
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			Change
	· 		□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Remove
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SE	TEMBER 17	(2020			
Dated			·	·		
	/ h	Me				
		Signature of a	member or authori	zed representative of a	member	
		/ \				

Filing Fee: \$25.00