

L10 000107482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

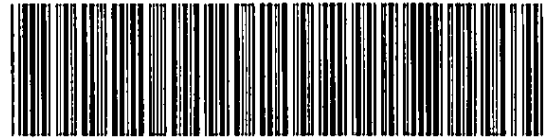
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2020 OCT 14 11:45:50

COMPLETION

OCT 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJC TAX OF BROWARD 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:

MELINA CHRISTINE VICCAMA

Name of Person

RJC TAX OF BROWARD LLC

Firm/Company

710 MERMAID DR APT 204

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

MELVICC3@GMAIL.COM

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

For further information concerning this matter, please call:

MELINA CHRISTINE VICCAMA

954 873-9057
at ()
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**

RJC TAX OF BROWARD LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

JUL 14, 2020 PM 4:51

The Articles of Organization for this Limited Liability Company were filed on AUGUST 10, 2020 and assigned
Florida document number L10000107482.

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: MELINA CHRISTINE VICCAMA

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, am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 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.

Melina Christine Viccama
If Changing Registered Agent, Signature of

Registered Agent

2025 APR 18 PM 4:50

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

405.0207 (3)(b)
listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier date after the record is filed.

Dated AUGUST 10 2020

Signature of a member or authorized representative of a member:

MELINA CHRISTINE VICCAMA

Typed or printed name of signee