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The final control of the control of

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Account Number : I20200000165 Phone : (863)421-0617 Fax Number : (407)520-5473

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HUGO'S MAINTENANCE SERVICES LLC

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Page Count	05
Estimated Charge	\$25.00

OCT 13 2021

S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp			
CIIDIG		AINTENANCE SERVICES L	1.C	
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		HUGO E. RODRIGUEZ		
		- J194-1-1	Name of Person	·
		HUGO'S MAINTENA?	SCE SERVICES LLC	
			FirmCompany	
		1411 KISSIMMEE CT		
			Address	
		KISSIMMEE, FL 34759		
			City/State and Zip Code	
		Nuguito 2359 E-mail address: (Sym Wanvillom to be used for filture annual report notifi	ication)
For furt	her information c	oncerning this matter, please c	all:	
HUGO	E. RODRIGUEZ	:	at (407) 617 6	5567
	Name o	f Person	at (<u>4UT</u>) <u>517</u> <u>2</u> Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$ 25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration Sec	etion _.

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

SECRETARY OF TALLAHASSEE, F	2021 OCT 12
OF STATE	PH 2: 07

HUGO'S MAINTENANCE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Conforda document number L14000026406	npany were filed on $\frac{02/14/20}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	c Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	\$S)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered ongent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
hereby accept the appointment as registered agent an	-	city. I further agree to comply with that uties, and I am familiar with and

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 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	<u>Name</u>	Address	Type of Action
AMBR	HUGO E. RODRIGUEZ	1411 KISSIMMEE CT	
		KISSIMMEE, FL 34759	□Remove
			∰Change
MGR	KEVIN E. RODRIGUEZ OJEDA	1411 KISSIMMEE CT	≅ Add
		KISSIMMEE, FL 34759	□Remove
			□Change
			[]Remove
			□Add
			□ Remove
			□ Remove
			☐ Change
			□Add
			□Remove
			□ Change

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C. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	it be specific and cannot be p ock does not meet the ap	prior to date of filing or more than 9 oplicable statutory filing require	0 days after filing.) Pun	suant to 605,9207 (3)(t not be listed as the
the record specifies a delayed effective ecord is filed.	e date, but not an effecti	ve time, at 12:01 a.m. on the ea	rlier of: (b) The 90	th day after the
Dated OCTOBER 12	2021	·		2021 OCT / SECKETAIL
	Signature of a member or	authorized representative of a mem	ber	T 12 PM
		O F. RODRIGUEZ		/
	Typed or r	printed name of signee		<u> </u>

Filing Fee: \$25.00