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browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : MEDEIROS SOUZA CORP Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519 Email Address:\_\_\_\_ Contact@medeirossouza.com

LLC AMND/RE	STATE/CORRECT	OR M/MG	RESIGN

## **R&C MASTER SERVICES LLC**

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NOV 21 2022 K. Brumbley

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&C MASTER SERVICES LLC			
(Name of the Limit	ed Liability Compar (A Florida Limited L	y as it now appears on our re- ability Company)	yords.)
The Articles of Organization for this Limited Li Florida document number1.17000019554	ability Company		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the v	ords "Limited Liabil	ity Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		11903 Stone Pine Street	
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	11903 Stone Pine Street	
Name of New Registered Agent:	Medeiros Souz	a Corp	202
New Registered Office Address:	845 N Garland		22 NOV
	Orlando	Enter Florida street a	_ Florida 32801
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete gistered agent as registered office	e performance of my auto provided for in Chapter :	es, and ram jammar whiteact 605, F.S. Or, if this document is
	,		

From: RUBEM SOUZA

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

To:

Title	Name	<u>Address</u>	Type of Action
AMBR	PRO 5 SOLUTIONS LP	845 N Garland Ave STE 100 ORLANDO FL 32801	<b>=</b> Add
			DRemove
			□Change
			□Add
			□Remove
			Change
			DAdd
			Remove
		<u></u>	Change
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			□Add
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			□ Channa

From: RUBEM SOUZA

II amic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne reco ord is t	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led
Date	Orlando 11/17/2022
124161	
	Signature of a member or authorized representative of a member
	Rubem Souza Typed or printed name of signee