Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : 120140000083 Phone : (407)932-0040 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.

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	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZONIA PATRICIA ROJAS FREIRE LLC

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COVER LETTER

TO: Registration Sec Division of Corp			\$ · · · ·
	ZONIA PATRIA	A ROJAS FREIRE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ZON	ia patricia rojas freire	
		Name of Parson	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
		3500 SAGAMORE LN	
		Address	
		KISSIMMEE, FL 34741	
		City/State and Zip Code	
		@RCTAXSERVICE.COM to be used for future annual report no	.:
For further information c	e-mail address: (oncerning this matter, please c		inneadon)
ZONIA PATRI	CIA ROJAS FREIRE	407 at ()	473-1123
Хате о	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZONIA	PATRICIA ROJAS FREIRE LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) (A Florids Limited Liability Company)	
The Articles of Organization for this Limited Li	01/02/7019	and assigned
1 1000001 597		-
Florida document number	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
ZONIA PATRICIA FREIRE O' CONNO	R LLC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
Timepa Office usures in the Propriet	11.00.000	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		
B. If amending the registered agent and/or r	egistered office address on our records, enter the n	ame of the new registered
agent and/or the new registered office addre	ss here:	20.
		22
Name of New Pagistered Agents	ZONIA PATRICIA ROJAS O' CONNOR	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	. 9
	City	Zip Gode

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 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
MGR	Zonia Patricia Rojas O' Connor		□Add
			□Remove
			■ Change
			□Add
			Remove
		·	Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Remove
			Change

									
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<u>Note:</u> If	the date inserted	than the date of ne date must be specif in this block does	not meet the	applicable	te of filing or statutory fil	more than 90 ling requirem	(optional days after fill nents, this d	al) ing.) Pursuant to ate will not be	605.0207 listed as t
documen	it's effective date	on the Departmen	t of State's r	ecords.					
record : rd is filed	•	ed effective date, by	it not an effe	otive time,	at 12:01 a.n	n. on the earl	ier of: (b)	The 90th day	after the
Dated _	JULY 14		,	022					
	<u>+</u>	Vod quinos	Crane	or authorize	1 representati	ive of a memb	er		
		Giginature							
			ZONIA PA	TRICIA R	DIAS OLCO	ONNOR			

Filing Fee: \$25.00