Florida Department of State Division of Carporations

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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

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.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZONIA PATRICIA FREIRE O'CONNOR LLC

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COVER LETTER

TO: Registration Se Division of Cor			
****	TRICIA ROJAS O'CONNOR	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:	
	ZONIA PATRICIA ROJA	S O'CONNOR	
		Name of Person	
	ZONIA PATRICIA ROJA	S O'CONNOR LLC	
	***	Firm/Company	
	3500 SAGAMORE LN		
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
ZONIA PATRICIA ROJ	AS O'CONNOR	407 473-1123	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	-	Street Address: Registration S	
Division of C	Corporations	Division of Co The Centre of	
P.O. Box 632 Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZONIA PATRICIA FREIRE O'CONNOR LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	l
The Articles of Organization for this Limited Liability Company we	ere filed on 01/02/2018	and assigned
Florida document number L18000001587		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
ZONIA PATRICIA ROJAS O'CONNOR LLC		
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 ad	ldross on our records, enter f	he name of the new registered
B. If amending the registered agent and/or registered office au agent and/or the new registered office address here:	areas on our records, enter s	
		7.55 28
Name of New Registered Agent:		72 ZZ
	-	
New Registered Office Address:	Enter Florida street address	SEA PA
	. Flor	rida TO MOO
	City	S Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		it was a samely with the

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:

or removeu i	rom our records.		
MGR = Ma	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Rcmove
			_ Change
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