Florida Department of

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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. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARGENT PORT LLC

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ANG 0.5 2022

COVER LETTER

	Division of Corporations				
SUBJEC		ARGENT P	ORT LLC		
SOBJEC	~ • · ,		Name of Lin	mited Liability Company	
The encl	osed	Articles of	Amendment and fee(s) are sub	ibmitted for filing.	
Please re	turn	ali correspo	ndence concerning this matter	er to the following:	
			EDUARDO D MAZZOL	.A	
				Name of Person	
			ARGENT PORT LLC		
				Firm/Company	
			11991 STONE BARK TR	RAIL	
				Address	
			ORLANDO, FL 32824		
				City/State and Zip Code	
			E-mail address: ((to be used for future annual report notification)	
For furth	er in:	formation co	oncerning this matter, please c	cail:	
EDUARI	DO I) MAZZOL	A	PF1F-50f (FOI) 18.	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	isa	check for the	e following amount:		
■ \$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy	of Status & opy
F I J	Regi Divi P.O.	ng Address stration Se sion of Co Box 6327 thassee, F	ection orporations	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

ARGENT PORT LLC

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

(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L19000044815</u>	Company were filed on 02/13/2019 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, enter the name of the new registered
New Registered Office Address:	SSE I TOPE
	Enter Florida street address , Florida City C
New Registered Agent's Signature, if changing Registered	골프 그
provisions of all statutes relative to the proper and caccept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Graciela Mazzola	11991 STONE BARK TRAIL	⊡Add
		ORLANDO, FL 32824	≅Remove
			
			□Add
		· <u>·</u> ····	□Rémove
			Change
		·	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			Remove
			Change
			□Abd
			□ Change

		
		
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he record specifies a delayed effe ord is filed.	ctive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated	2022	·
X fley	Signature of a member or authorized represen	tative of a member
EDUARDO D MAZ	ZOLA	
	Typed or printed name of sign	ncc

Filing Fee: \$25.00