21/9/22, 19:04

Division of Corporations

# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000328035 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCB GLOBAL SERVICES, LLC

Account Number : I20220000095 Phone : (786)503-2106 Fax Number : (754)732-8554

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

Email:	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CGS PROFESSIONAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

5

Page: 2 of 8

### **COVER LETTER**

TO:	Registration Sec Division of Corp			. 3			
		ESSIONAL SERVICES LLC					
SUBJE	CI:	Name of Limit	ed Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Please r	eturn all correspor	ndence concerning this matter t	o the following:				
			CARLOS SALAZAR				
			Name of Person				
			MR				
			Firm/Company				
		ŀ					
			City/State and Zip Code				
			SSIONALSER VICES@GMAIL.				
				meanony			
For fur	ther information of	oncerning this matter, please co	ull'				
CA	ARLOS SALAZAI	₹	754 204 32 16				
	Name o	f Person	Area Code Duytir	ne Telephone Number			
Enclos	ed is a check for th	ne following amount:					
<b>≅ \$</b> 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	C) \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)			
	Mailing Address Registration		Street Address: Registration S	ection			
	Division of C	Corporations	Division of Co	prporations			
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810			
	i ananassee,	しい コキコ (サ	2-7 J.J. 111 (1111)				

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CGS PRO	)FESSIONAL SE	RVICES LLC			
(Name of the Limite	d Liability Comps A Florida Limited I	ny as it now appear liability Company)	s an our records.)		
The Articles of Organization for this Limited Lie	ability Company	were filed on	09/26/2019	and ass	igned
Florida document numberL19000243067	<del></del> *				
his amendment is submitted to amend the follo	wing:				
a. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." the de	esignation "LLC" or t	he abbreviation "L.	I,.C."
nter new principal offices address, if applica	ıble:	790 NW 107TH	AVE SUITE 300		<del></del>
Principal office address MUST BE A STREE		MIAMI, FL 331	72		-
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	790 NW 107TH MIAMI, FL 331	AVE SUITE 300		
<ol> <li>If amending the registered agent and/or r gent and/or the new registered office addres</li> </ol>	egistered office : <u>s here</u> :	address on our r	ecords, <u>enter the</u>	name of the ner	y registere
Name of New Registered Agent:	G00 > 111 1 0 212		<u> </u>	<del>////////////////////////////////////</del>	
New Registered Office Address:	790 NW 107T	H AVE SUITE 300 Enter Flor	) rida street aikbress		<del>_명</del> 출
	MIAMI		Florid	377	 :
		City	<del></del>	Zip: Conle	

#### 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

Title	<u>Name</u>	Address	Type of Action
MR	SALAZAR, CARLOS	790 NW 107TH AVE SUITE 300	∐Add
		MIAMI, FL 33172	□ Петюче
			<b>≘</b> Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		A-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change

Page: 5 of 8

amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
_	
-	
_	
_	
-	
-	
ian eff Note:	ive date, if other than the date of filing:  [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
recor d is fi	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.
Dated	SEPTEMBER 21 2002
	Signature of a number or authorized representative of a member
	CARLOS SALAZAR
	CARDOS SALAZAR