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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083

: (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 A	ddress:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O&B PROFESSIONAL SERVICES LLC

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MAY 1 9 2020

COVER LETTER

TO:	Registration Se Division of Cor	ection porations	e t i	5.
cup n	n one.	O&B PROFES	SIONAL SERVICES LLC	
SUBJI	sc1:	Name of Lin	nited Liability Company	
•				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	•	•		
	•	WIL	MAR F. OVALLE BECERRA	
			Name of Person	
		О&В	PROFESSIONAL SERVICES (LC
		,	Firm/Company	
		8604 W. IRL	O BRONSON MEMORIAL HW	Y APT 107
			Address	
			KISSIMMEE, FL 34747	
			City/State and Zip Code	
			rctaxservice@earthlink.net	
		E-mail address: (to be used for future annual report n	otification)
For fur	ther information c	oncerning this matter, please c	all:	
	DAVIDC	ARVAJAL	407 at ()	2017912
	Name of	f Person	Area Code Dayt	ime Telephone Number
Enclos	ed is a check for th	e following amount:		
· ≘ \$2	5.00 Piling Fee	\$30.00 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 Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2020 MAY 18 AH II: 07

(Name of the Limited Liability C (A Florida Lin	nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com-	ipany were filed on	03/09/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	i Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here;	ffice address on our rec	cords, enter the nau	ne of the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	

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 2020 MAY 18 AH II: U / Type of				
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		Kissimmee, FL 34747	□Remove			
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fan effectiv <u>Note:</u> If th	date, if other than e date is listed, the date to date inserted in the s effective date on the	must be sp is block do	ecific and ca ses not mee	inot be prior to t the applicab	date of filing	or more than 9 filing require	option (option of days after fil ments, this d	ing.) Pursuant to	605.0207 (listed as t
record sped is filed.	ecifies a delayed effe	ective date	, but not an	effective tim	c, at 12:01 a	a.m. on the es	rlier of: (b)	The 90th day	after the
Dated	MAY 15		2	2020					
			Commence		1				
)						
	<u> </u>	Signa	ture of a sper	nber or authori	zed fupresent	tative of a men	ber		_

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