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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 Addre		
PRIJITE ANDRES	\\ :	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIREFIGHTERS ALL SERVICES LLC

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COVER LETTER

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SUB IRCT+	FIREFIGH	TERS ALL SERVICES LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ı ail correspo	ndence concerning this matter	to the following:		
		restrepo, iris k			
			Name of Person	<u>-</u>	
		FIREFIGHTERS ALL SE	RVICES LLC		
	•		Firm/Company		
		113 Sweet Pea CT			
			Address		
		Kissimmee, FL 34759			
			City/State and Zip Code	_ _	
		E-mail address: (to be used for future annual report not	ification)	
For further i	nformation c	oncerning this matter, please c	all:		
RESTREPO	, IRIS K		at ()		
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is	s check for th	ne following amount:			
₩ \$ 25.00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address:	ation	
	gistration S vision of C	orporations	Registration Section Division of Corporations		
P.C). Box 632	7	The Centre of 7		
18.	ilahass e e, I	TL 34314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip C	ode	
	Kissimmee		_, Florida ³⁴⁷⁵⁹		-
New Registered Office Address.		Enter Florida street	address		-
New Registered Office Address:	113 Sweet Pea	CT			
Name of New Registered Agent:					
agent sine of the new register as office address	<u>~~</u> ·		Œ	=	Øħ
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office : ss here:	address on our records,	enter the name of the	EN LESS	Jea
				₹ []	
			<u> </u>	2 [-
(Mailing address MAY BE A POST OFFICE	BOX	Kissimmee, FL 34759	Adi	EP 2	-
Enter new mailing address, if applicable:		113 Sweet Pea CT	,15 C) (T-17)		-
			\(\sigma \)	2022	-
(Principal office address MUST BE A STREE	ET ADDRESS)	Tildinamov, 1 D 0 1707			-
Enter new principal offices address, if applic	Kissimmee, FL 34759			~	
		113 Sweet Pea CT			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation	n "L.L.C."	
A. If amending name, enter the new name o	f the limited liab	ility company here:			
This amendment is submitted to amend the foll					
Florida document number L20000126306					
	ланину Сопрану	were med on		1 2001 2010 0	
The Articles of Organization for this Limited L	inhilite Compone	ware filed on 05/11/2020	end	i assigned	
(Name of the Limit	(A Florida Limited)	ny as it new appears on our Liability Company)	(820/02)		
FIREFIGHTERS ALL SERVICES					

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 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
MGR	RIVERA, RICARDO	8407 HEMLIG STREET APT 202	
		KISSIMMEE, FL 34744	≣Remove
			Change
AMBR	RESTREPO Arregoces, IRIS K	113 Sweet Pea CT	
		Kissimmee, FL 34759	□Remove
			■Change
			⊟Add
			Remove
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Effective date, i	f other than the (s listed, the date must	late of filing	·			(optional))
f an effective date i Note: If the date	s listed, the date must inserted in this blo	be specific and o ck does not m	cannot be prior eet the applic	to date of filing able statutory i	or more than 90 Tling requiren	days after filing tents, this date	,) Pursuant to 605.029 will not be listed
document's effec	tive date on the De	partment of St	ate's records				
			rc .: .:	12-01 -	ths	innafi (b) Ti	na Ofth day after th
	a delayed effective	date, but not s	in ellective ti	me, at 12.01 a.	m. on the ear	iei oi. (o) - 11	ic som cay and the
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Filing Fee: \$25.00