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.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone (407)932-0040

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:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST QUALITY SERVICES FL LLC

Certificate of Status	0
Certified Copy	0
Page Coulit	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Registration S Division of Co	Section Orporations		
SUBJE	CT:	BEST QUA	LITY SERVICES FL LLC	
		Name of L	mited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are su	ibmitted for filing.	
		ondence concerning this matte		
		L	INA J. VILLADA CORREA	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		BEST QU	ALITY SERVICES FL LLC	
Firm/Company				
3931 PARKHOUSE DR				
			Address	
			ORLANDO, FL 32824	
			City/State and Zip Code	
			isabel@rctaxservice.com	
			to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please of	all:	
LINA J. VILLADA CORREA		347 870 0943		
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Contificate of Status & Certified Copy (additional copy is enclosed)
I I	Mailing Address Registration S Division of Co P.O. Box 632' Fallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST QUALITY SERVICES		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Comp	apoears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed of	on05/26/2020	and assigned
Florida document number 1.20000142694		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or t	he abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		رزر ن
		Tilly S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1.) '
B. If amending the registered agent and/or registered office address on o	aren mananda, amtan tha a	> · · ·
agent and/or the new registered office address here:	our records, enter the	••
		611
Name of New Registered Agent:		
New Registered Office Address:		
Ente	er Florida street address	
	, Florida	
City New Registered Agent's Signature if changing Degistered Agents		Zip Code
TI'M BEVILLETEL AURDI'S MICHAELEN IS ANAMAINS DASSEANAS CASEA.		

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

Title	<u>Name</u>	Address	Type of Action
MGRM	SANDRA X. GUTIERREZ GUAR	9931 SHADOW CREEK DR	
		ORLANDO, FL 32832	
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			□Remove
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			DAdd
			Remove
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D. If amend	ling any other info	rmation, enter chang	ge(s) here: //.titaca	h additional sheets, it necessary i	
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F. Efféctive	dute if other than	the date of filling		tantianula	
2016: 11.11	ae cane inseneg in ini	must be specific and cannot soblock does not meet the e Department of State's	he applicable statute	(optional) long or usere than 90 days after filing a Parsaunt to t say filing requirements, this date will not be li	aș ogora isted as t
If the record spectroord is filed	ecrifies a delayed effe	ctive date, but not an eff	Fectis e time, at 12:6	O a months earlier of the The With day at	fter (be
Dated	August, 28	203	?tr		
1 2000 \$1				11/1	
		Signature of a member	n or anthonized repres	cutative of a results	
		SANDRA 3	S. GUTTERREZ GE	FARIN	
			d or printed name of s		

Filing Fee: \$25.00