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om:		
	Account Name	: RC TAX SERVICE LLC
	Account Number	: I20140000083
	Phone	: (407)932-0040
	Fax Number	: (407)520-5473
	Phone	: (407)932-0040

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ... L & L TORO INVESTMENTS LLC

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SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN C TORO MONTOYA Name of Person L & L TORO INVESTMENTS LLC Firm/Company 14013 PAIRWAY ISLAND DR APT 414 Address ORLANDO, FL 32837 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JUAN C TORO MONTO	YA		
		Name of Person		
	L & L TORO INVESTME	ENTS LLC		
		Firm/Company		
	14013 FAIRWAY ISLAN	D DR APT 414		
		Address		
	ORLANDO, FL 32837			
		City/State and Zip Code		
	E-mail address:	to be used for future annual report no	tific≅tion)	
For further information c				
JUAN C TORO				
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632	-	The Centre of	Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & L TORO (NVESTMENTS LI			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our r Jiability Company)	sturds.)
The Articles of Organization for this Limited I Florida document number L20000382856	Liability Company	were filed on 12/08/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	llity company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office s ess here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:	LUIS ENRIQU	E TORO BOTERO	
New Registered Office Address:	14013 FAIRWA	AY ISLAND DR APT 414	
		Enter Florida street	
	ORLANDO		_, Florida 32837
		City	Zip Code

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.

I 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	JUAN C TORO MONTOYA	14013 FAIRWAY ISLAND DR APT 414	□ Add
		ORLANDO, FL 32837	Remove
			[] Change
MGR	LUIS E. TORO BOTERO	14013 FAIRWAY ISLAND DR APT 414	= Add
		ORLANDO, FL 32837	Remove
		<u></u>	Change
MGR	LUZ M. ROJAS JARAMILLO	14013 FAIRWAY ISLAND DR APT 414	
		ORLANDO, FL 32837	DRemove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			DAdd
		<u>-</u>	□Change

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f som effect Note: If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list it's effective date on the Department of State's records.	5.020 ed a
record (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 section of the earlier of the 90th day after the section of the earlier of the 90th day after the section of the earlier of the 90th day after	π the
Dated _	$02 - 22$, $\frac{2021}{}$	
	1 . 7 . 6 /-	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00