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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TAX CARE CELEBRATION

Account Number : I20190000007

Phone : (786)845-8854

Fax Number

: (321)473-3052

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **R5 ENTERPRIZES LLC**

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Help

COVER LETTER

TO: Registration S Division of Co			
Orles on most	RPRIZES LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are suf	omitted for filing.	
	ondence concerning this matter		
	LEONARDO ROQUE		
		Name of Person	
		Firm/Company	
	5314 COTTONWOOD TI	REE CIRCLE	
		Address	
	VALRICO FL 33596		
		City/State and Zip Code	
	JESSICA.TORRES@TAX		
For further information of	E-mail address: (concerning this matter, please concerning the same concerning the sa	to be used for future annual report notif	fication)
JESSICATOREES		786 8458854 at ()	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

R5 ENTERPRIZES LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida L	imited Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number L21000025887	mpany were filed on JANUARY 11 2021	and	assigne	đ
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	SS)	·	• ;	
			~3	
			,	
Enter new mailing address, if applicable:			 	· ·
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u></u>
			$\overline{\Sigma}$	فيحا
D 76			07	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the n	ew reg	istered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Cod	e	
New Registered Agent's Signature, if changing Registered A	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>	<u>Name</u>	Address	Type of Action
AMBR	LEONARDO ROQUE	5314 COTTONWOOD TREE CIRCLE	₩Add
		VALRICO FL 33596	-
			□Add
			□Remove
			DChange
			DAdd
			□Remove
			□Change
 -			🗆 Add
			□Remove
			Change
			□Add
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			□Remove
			Change

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record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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