L21000098329

| (Req | uestor's Name) | |
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| (Oil) | Otato: Zipri mana | ··· / |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | iness Entity Nam | ne) |
| | | |
| (Doc | ument Number) | |
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| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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LA 121

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | | |
|-------------------------------|---|---|--|--|
| SUBJECT: | Park vas 2 | Servicus III. | • | |
| SUBJECT: | Name of Limi | Services LLC. | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | | | | |
| | <u>Cam</u> | Name of Person | | |
| | <u>cs</u> Product | Firm/Company | 202 SE | |
| | 2906 mante | Island Dr. Address | 2021 APR 22 PH 1: 26 SECRETABLY OF STATE | |
| | Crlando Fl | 32824 City/State and Zip Code | PH :: 2 | |
| | CCSUSSES (CSEE) E-mail address: (| Janco . Len | fication) | |
| For further information c | oncerning this matter, please ca | all: | | |
| Camila S | SUNSSEN f Person | at (407) 399.4 Area Code Daytim | 1719 e Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| √\$25,00 Filing Fec | 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 Address Registration | | Street Address: Registration Se | | |
| Division of C P.O. Box 632 | Corporations | Division of Col The Centre of T | | |
| Tallahassee, | | | be Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| <u>CS Products & Sev</u> | vices LLC | our rosards) | |
|--|------------------------------|--------------------------|---|
| (Name of the Limited Liability Con (A Florida Limite | ed Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Compa | ny were filed on <u>03</u> | 101/2021 | and assigned |
| Florida document number <u>L 21000098329</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | |
| RC. Products & Services 140 | C | | |
| RC Products 8 Services LC The new name must be distinguishable and contain the words "Limited List | ability Company," the design | ation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> | 921 <u>F</u> |
| (Principal office address MUST BE A STREET ADDRESS) | | (1) (조) | 7 7 |
| | | | 22 |
| | | 200 | |
| Enter new mailing address, if applicable: | | mo in the | ÷ • • • • • • • • • • • • • • • • • • • |
| Mailing address MAY BE A POST OFFICE BOX) | | 1-51 | (C) |
| Framing dualess MAT BEAT OUT OF THE BOXY | | =1 = 0.00 | |
| | | | |
| B. If amending the registered agent and/or registered offic | e address on our recor | ds, enter the name o | of the new registere |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| The state of the s | Enter Florida st | treet address | |
| | | , Florida | |
| | 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.

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 | Camila Suisso | 2900 manater Island Dr. | □ Add |
| | | Orlando FL 32824 | □Remove |
| | | | ☑ Change |
| <u>Ambr</u> | Ricardo Aguilar | 2006 manata Island Dr. | (∑ }Add |
| | | Orlando FL 32824 (2) | Remove |
| | | Orlando FL 32824 SECRETARY OF STATE | N DAdd |
| | | | Remove |
| | | | Change |
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| ective date, if other than the date of filing: | of filing or more than 90 days after 1 | iling.) l | Pursuan rill not | t to 605.020 be listed a |
| scord specifies a delayed effective date, but not an effective time, at s filed. | 12:01 a.m. on the earlier of: (b) | The | 90th d | ay after the |
| 0-110 | | · · · · · · · · · · · · · · · · · · · | | - |
| Signature of a member or authorized re | | | | |