

12/9/21, 11:16 AM

Division of Corporations

L21000179507

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX S PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: INFO@TAXS PRO.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -9 PM 1:30

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RCG REPAIR SERVICES LLC

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

2021 DEC -9 AM 11:59

TALLAHASSEE, FLORIDA

DEC 09 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RCG REPAIR SERVICES LLC

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:

ANWAR I PUELLO

Name of Person

TAXS PRO CORP

Firm/Company

8030 PINES BLVD

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO

786

3072733

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCG REPAIR SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/19/2021 and assigned Florida document number L21000179507.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

8210 FLORIDA DR , APT 237

PEMBROKE PINES , FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8210 FLORIDA DR , APT 237

PEMBROKE PINES , FL 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAX S PRO CORP

New Registered Office Address:

8030 PINES BLVD

Enter Florida street address

PEMBROKE PINES

City

Florida 33024

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 Changing Registered Agent Signature of New Registered Agent

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SECRETARY OF STATE
CORPORATE SERVICES DIVISION

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAMACHO GOMEZ RAUL	8210 FLORIDA DR ,APT 237	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES , FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	CAMACHO GOMEZ RAUL	7400 STERLING RD 710	<input type="checkbox"/> Add
		HOLLYWOOD , FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
KATHY L. HARRIS
KATHY.HARRIS@FLORIDA.GOV

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN NUMBER : 87-3906686

SECRETARY OF STATE
WASHINGTON, D.C. 20520-1224

2021 DEC -9 PM 1:30

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E. Effective date, if other than the date of filing: 12/9/2021 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

• If the 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 record is filed.

Dated 12/09 2021

PAUL CHARLES ZIMMER

Signature of a member or authorized representative of a member

CAMACHO GOMEZ RAUL

Typed or printed name of signee

Filing Fee: \$25.00