Florida Department of State

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of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 : (305)358-1310 Phone Fax Number : (305)503-6701

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

Email Address: 0100 8723 @ Gmzil. Com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	onpany as it now appears on our record ired Liability Company)	<u>.</u>	
The Articles of Organization for this Limited Liability Comp Florida document number L21000326993	vany were filed on 07/16/2021	and assigned	
Florida document number	٠	•	
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 I	Liability Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	والمستراب والمستراب والمستراب والمستراب المستراب والمستراب والمستراب والمستراب والمستراب والمستراب والمستراب		
(Principal office address MUST BE A STREET ADDRESS	2	The stranger of the Mark of the stranger of th	
•	•	VIII 0	
Enter new mailing address, if applicable:	والمساور والمساورة والمراد وال	27	
(Mailing address MAY BE A POST OFFICE BOX)	والمراجعة	55.	
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B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registere	
		··· 0	
Name of New Registered Agent:		<i>3</i>	
		•	
New Registered Office Address:	Enter Florida street address		
•	. Fi	orida	
 	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I fullete performance of my duties, as as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
ĨĨ	Changing Registered Agent, Signature o	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
MGR	FABIAN VACCA		890 GOLDEN CANE DR	
	. · · ·		WESTON, FL 33327 -	₽Remove
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and the state of t	ي استيام دو در	ر المراجعة ا
Effective date, if other than (he date of filing:	(optional)
fan effective date is listed, the date of Note: If the date inserted in this	must be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 605 0207 (3)Xing requirements, this date will not be listed as the
	tive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
rd is filed.		
07/22/	2021	•,
Onted	Vacca Signature of a member or authorized representation	٠.