

621000338355

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TAXCARE SOUTH MIAMI
Account Number : I20210000129
Phone : (786)647-5866
Fax Number : (786)465-2822

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

Email Address: corina.smith@taxcareinc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RINC ENTERPRISES LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS
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T. LEMIEUX
JUN 22 2022

COVER LETTER

((H22000216022 3))

TO: Registration Section
Division of Corporations

SUBJECT: RINC ENTERPRISES 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.

CORINA A. SMITH

Name of Person

TAXCARE SOUTH MIAMI

Firm/Company

1400 NW 107TH AVE STE 203

Address

MIAMI, FL 33172

City/State and Zip Code

CORINA.SMITH@TAXCAREINC.COM

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

For further information concerning this matter, please call:

CORINA A. SMITH

786

647-5866

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$50.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(original copy is enclosed)

☐ \$60.00 Filing Fee
Certificate of Status &
Certified Copy
(original 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H22000216022 3))

RINC ENTERPRISES 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 08/31/2021 and assigned
Florida document number L21000388355

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NARANJO, RAFAEL	6500 NW 114 AV APT 1001	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	VALECILLOS BARRETO, ANTONELA	1156 SW 13TH AVE	☒ Add
		MIAMI, FL 33135	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 601.0.02 (b)(2).

Note: If the date entered 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 debt ad effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 60th day after the record is filed

Dated JUNE 22nd 2022

Antonela Valcillos

Signature of a member or authorized representative of a member

ANTONELA VALECILLOS BARRETO, MBR

Types or printed name of signer

Filing Fee: \$25.00

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