

## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000378473 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

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

Email	Address:	
-------	----------	--

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RABELO QUALITY SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 1 0 2024

# **COVER LETTER**

TO: Registration : Division of Co				
	QUALITY SERVICES LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del>-</del>	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	CAROLINE LARSON			
		Name of Person		
	LARSON ACCOUNTING	G GROUP		
	···	Firm/Company	<del>-</del>	
	7901 KINGSPOINT PKW	YY SUITE 17		
		Address	20 SF	
	ORLANDO, FL , 32819		23 DE	
		City/State and Zip Code		
	ASSISTANT.FLAVIANE	<del>-</del>		
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:	tification)	
CAROLINE LARSON		407 370-3686 at ( )	<b>2</b>	
Name	of Person		me Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of	Corporations	Division of Corporations		
P.O. Box 63		The Centre of		
Tallahassee,	rl 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# RABELO QUALITY 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 11/04/2021 Florida document number L21000478856 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RABELO ONE QUALITY SERVICES LLC 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) 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

#### 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.

City

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>	Name	<u>Address</u>	Type of Action
		<del></del>	□Change
			□Add
			□Remove
			Change
·			
			□Remove
		<del></del> .	□Add
			□Remove
		<del></del>	Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

<del>.</del>		A111 - A 1 -
*****		
Note: If the date inserted in thi	must be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effectord is filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	. 2023	
	Henrique Jorge Signature of a member or authoric	LeLis Rabelo zed representative of a member
HENRIQUE JORG	F LELIS RABELO	
	Typed or printed:	name of signer

Filing Fee: \$25.00