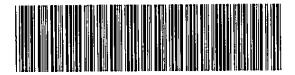
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COVER LETTER

TO:

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.1:	Name of Limit	ted Liability Company	-
RCTAX CONSULTING SERVICES LLC Name of Limited Liability Company			
turn all correspo	ndence concerning this matter t	to the following:	
	RICHARD WELCH		
		Name of Person	
	R C B TAX CONSULTING	G SERVICES LLC	
		Firm/Company	
	2347 SW 125TH AVENUE	E	
		Address	
	MIRAMAR FL 33027		
		City/State and Zip Code	
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:			uncation)
	oncerning this matter, piease ca		
RD WELCH		at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
d is a check for t	he following amount:		
.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
-		Division of Co	orporations
			Tallahassee oe Street, Suite 810
	R C TAX C R C TAX C T: Division of Corp R C TAX C To seed Articles of A turn all correspond The seed articles of A turn all correspond The seed articles of A Mailing Address Registration Division of C P.O. Box 632	Name of Limi Posed Articles of Amendment and fee(s) are substant all correspondence concerning this matter to the RICHARD WELCH R C B TAX CONSULTING 2347 SW 125TH AVENUE MIRAMAR FL 33027 RCWELCH2347@AOL.CO E-mail address: (ner information concerning this matter, please concerning this matter, please concerning this matter) RD WELCH Name of Person d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & Certificate of Status	Division of Corporations R C TAX CONSULTING SERVICES LLC Name of Limited Liability Company Division of Amendment and fee(s) are submitted for filing. RICHARD WELCH Name of Person R C B TAX CONSULTING SERVICES LLC Firm/Company 2347 SW 125TH AVENUE Address MIRAMAR FL 33027 City/State and Zip Code RCWELCH2347@AOL.COM E-mail address: (to be used for future annual report no are information concerning this matter, please call: RD WELCH Name of Person Area Code Dayting di is a check for the following amount: 200 Filing Fee Certificate of Status City/State and Zip Code RCWELCH2347@AOL.COM E-mail address: (to be used for future annual report no are information concerning this matter, please call: RD WELCH Name of Person Area Code Dayting Area Code Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R C TAX CONSULTING SERVICES LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number 000380169370	were filed on 01/21/2022		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
R C B TAX CONSULTING SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		= ,	022
Enter new mailing address, if applicable:	,	νη του Ση του	-7 I
(Mailing address MAY BE A POST OFFICE BOX)	·	۳٠. ;	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of	the new register
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street add	dress	
		Florida	
	City	Z	ip 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>	Name	Address	Type of Action
			□Add
			Remove
	•		Change
			Remove
			□ Change
			□Add
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Note: 1	ve date, if other that entive date is listed, the da If the date inserted in t ent's effective date on	his block does not	t meet the appli	cable statutory fil	more than 90 day ling requiremen	(optional) rs after filing.) Pursuar ts, this date will not	nt to 605.0207 be listed as
record	l specifies a delayed e ed.	ffective date, but n	ot an effective	time, at 12:01 a.n	n. on the earlier	of: (b) The 90th o	lay after the
Dated _	02/03 Klov	ard W	1elle	horized representat	ive of a member		
		Signature of	a member or aut	norized representat	ive of a memoer		