Florida Department of State Division of Corporations Electronic Filings 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.

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To:		
	Division of Corporations	\$ 5 S
	Fax Number : (850)617-6383	(A) (C) (TH)
		SO P
From:	Account Name : CG TAX, INC.	6: 12 STATE E. FL
	Account Number : I1999000017	
	Phone : (305)485-9300	7 2
	Fax Number : (305)485-1098	•
	Enter the email address for this business entity to annual report mailings. Enter only one email addr	be used for future ress please.
·	Email Address:	·

C. BRUMBLEY

C. BRUMBLEY

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Help

Certified Copy

Estimated Charge

Page Count

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\$25.00

2022 01.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RTM GENERAL WORK, LLC.				
	(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.	
	articles of Organization for this Limited	Liability Company	were filed on 06/	02/2022	and assigned
Florid	la document number L22000239021	·			
This a	rmendment is submitted to amend the fo	llowing:	•		
A. Iſ	amending name, enter the new name	of the limited liab	oility company he	<u>re</u> :	
N/A					
he ne	w name must be distinguishable and contain the	words "Limited Liab	lity Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter	new principal offices address, if appli	icable:	N/A		202 75 75
Princ	cipal office address MUST BE A STRE	ET ADDRESS)			
					7 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			N/A		SSEE. PH L
		E BOX)			<u> 133 8 C</u>
· · · · · · · · · · · · · · · · · · ·					<u></u>
	amending the registered agent and/or and/or the new registered office address. Name of New Registered Agent:			cords, enter the s	name of the new regis
		235 NE 9TH S	T APT 12		
;	New Registered Office Address:	235 NE 9TH S		da street address	
,		235 NE 9TH S	Enter Flori	da street address , Florida	33030

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

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
MGR	EDISON YEPES	1914 SW 32ND PL	
		MIAMI, FL 33145	■ Remove
•			
MGR	ALEJANDRA TEPES MEJIA	1205 NW 3RD LN	∐Add
;		FLORIDA CITY, FL 33034	Remove /
			Change
AMBR	ROBINSON TORO	235 NE 9TH ST APT 12	🗀 Add
		HOMESTEAD, FL 33030	CRemove
			■ Change
·			□Add
			□Remove
			[]Change
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tive date, if other than the	e date of filing:		(op	tional)
Tective date is listed, the date mu If the date inserted in this b	ist ne specine and canno: De pr	TOT UP CLAUGE OF THIMES OF	THULE HIGH YO GAYS BY	er filing.) Pursuant to 60 his date will not be lis
nent's effective date on the E	Department of State's recor	ds.		
rd specifies a delayed effecti	ve date, but not an effective	e time, at 12:01 a.n	1. on the earlier of:	(b) The 90th day aft
iled.	·			
	フ			
OCTOBER 25	, 2022	·		
(William)				

Typed or printed name of signee