11/9/22, 11:28 AM

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 : (407)932-0040

Fax Number : (407)520-5473

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

Address:		
	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOVAR COMPANY LLC

Certificate of Status	0
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COVER LETTER ...

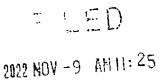
Tallahassee, FL 32314

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		COVER LETTER	in the second	•
TQ: Registration Se Division of Cor				
GOVAR CO	OMPANY LLC			
	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
	VARGAS QUINTERO, K	ATERINE G		
		Name of Person		
	GOVAR COMPANY LLO			
		Firm/Company		
	5739 ORANGE ORCHAR	D DR		
	-	Address		
	WINTER GARDEN, FL 3	4787		
		City/State and Zip Code		
	RCTAXSERVICEPS@GM			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
VARGAS QUINTERO,	KATERINE G	321 4421235 at()		
Name o	f Person		e Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Se Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOVAR COMPANY 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 L Florida document number L22000362792		1 08/17/2022	and assigned
This amendment is submitted to amend the foli	owing:		
A. If amending name, enter the new name o	f the limited liability compan	y here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on o	ur records, enter the name	of the new registered
Name of New Registered Agent:	VARGAS QUINTERO, KAT	ERINE G	
New Registered Office Address:	5739 ORANGE ORCHARD	DR	
	Enter	Florida street address	
	WINTER GARDEN	, Florida ³⁴⁷⁸	37
	City		Zip 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.

Kajerine G Vargas QuinTero
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>	<u>Name</u>	Address	Type of Action
AMBR	Gomez Rangel, Carlos A	5739 Orange Orchard Dr, Winter Garden, FL 34787	□Add
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