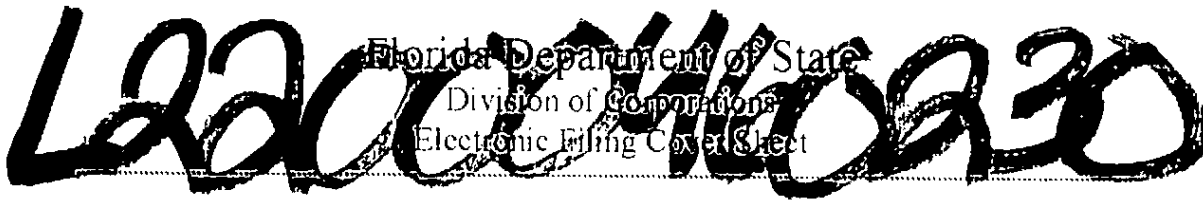


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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000016133 3)))



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To:

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

From:

Account Name : ITAX GROUP, LLC  
Account Number : I20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

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

Email Address: robert96vgp@gmail.com

RECEIVED  
2024 JAN 11 PM 4:38  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RS GRANITE LLC**

Certificate of Status	0
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: RS GRANITE 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:

ROBERT FIGUEIREDO SILVA

\_\_\_\_\_  
Name of Person

RS GRANITE LLC

\_\_\_\_\_  
Firm/Company

4627 DRIESLER CIR

\_\_\_\_\_  
Address

TAMPA, FL 33634

\_\_\_\_\_  
City/State and Zip Code

robert96vvp@gmail.com

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

For further information concerning this matter, please call:

ROBERT FIGUEIREDO SILVA

813 391-2889  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

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

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

RS GRANITE 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 10/26/2022 and assigned Florida document number L22000460230.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BR ROBERT 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:

4627 DRIESLER CIR

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33634

Enter new mailing address, if applicable:

4627 DRIESLER CIR

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33634

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:

ROBERT FIGUEIREDO SILVA

New Registered Office Address:

4627 DRIESLER CIR

*Enter Florida street address*

TAMPA

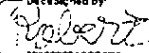
Florida 33634

*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.*

Declassified by  


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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIGUEIREDO SILVA, ROBERT	4627 DRIESLER CIR	<input type="checkbox"/> Add
		TAMPA, FL 33634	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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 605.0207 (3)(b)

**Note:** If the date inserted 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 delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 11TH 2024

DocuSigned by: Robert

Signature of a member or authorized representative of a member

ROBERT FIGUEIREDO SILVA

Typed or printed name of signee

**Filing Fee: \$25.00**