# Florida Department of State Division of Commations Elector e Filing Cover Shart

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0840 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.\*\*

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### BEATRIZ CARTER LLC

| Certificate of Status | 0       |
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( Brumble)

| TO: Registration : Division of C | Section<br>orporations                          | , ,  |                     | •           |
|----------------------------------|---|--|---------------------|-------------|
|                                  | S CARTER LLC                                    | <b>.</b>   | <b>A</b>            | <u> </u>    |
| 77                               | Name of Li                                      | mited Liability Company  |                     |             |
|                                  |   |  |                     |             |
| The enclosed Articles of         | f Amendment and fee(s) are su                   | omitted for filing.  |                     |             |
| Please return all corresp        | oondence concerning this matte                  | r to the following:  |                     |             |
|                                  | BEATRIZ CARTER                                  |  |                     |             |
|                                  |   | Name of Person   | <del></del>         |             |
|                                  | BEATRIZ CARTER LLC                              | 2  |                     |             |
|                                  |   | Firm/Company   |                     |             |
|                                  | 3478 FOREST RIDGE LI                            | N  |                     |             |
|                                  |   | Address  |                     |             |
|                                  | KISSIMMEE, FL 34741                             |  |                     |             |
|                                  | Beatriz Carte                                   | City/State and Zip Code  CritQifor @ Comail Cor (to be used for future annual report not | Y)<br>Uffication)   |             |
| For further information          | concerning this matter, please c                | all:   |                     |             |
| BEATRIZ CARTER                   |   | 676 4140886  |                     |             |
| Name o                           | of Person                                       | Area Code Daytin   | ne Telephone Number |             |
| Enclosed is a check for t        | he following amount:                            |  |                     |             |
| S25.00 Filing Fee                | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                      | Certified C         | of Status & |
|                                  |   |  |                     |             |

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

### TO ARTICLES OF ORGANIZATION OF

#### BEATRIZ CARTER LLC

| (Name of the Tim  | (A Florida Limited Lial            | as it now appears on our pility Company) | records.)  |              |
|---|------------------------------------|--|--|--------------|
| The Articles of Organization for this Limited I Florida document number L23000045392    | Liability Company we               | ere filed on $\frac{01/24/2023}{}$       | a  | nd assigne   |
| This amendment is submitted to amend the fol  | lowing:                            |  |  |              |
| A. If amending name, enter the new name   | of the limited liabilit            | y company here:                          |  |              |
| The new name must be distinguishable and contain the                                    | words "Limited Liability           | Company," the designation                | a "LLC" or the abbrevia                                    | ion "L.L.C." |
| Enter new principal offices address, if appli   | cable:                             | · · · · · · · · · · · · · · · · · · ·    |  |              |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                        |  |  |              |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE      | <u>: BOX)</u>                      |  |  |              |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office add<br>ess here: | lress on our records,                    | enter the name of the                                      | ne new regi  |
| Name of New Registered Agent:   | Breatriz                           | Carter                                   |  | EB - E       |
| New Registered Office Address:  | 3478 FOREST RII                    | OGE LN                                   |  | <b>a</b> -   |
|   |                                    | Enter Florida street                     | address  | <u>F.</u>    |
|   | KISSIMMEE                          |  | _, Florida <u>34741                                   </u> |              |
|   |                                    | 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 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 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

| Title       | <u>Name</u> | Address     | Type of Ac |
|-------------|-------------|-------------|------------|
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or removed from our records:

| D. II aime               | ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)                                 |
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| (If an offer Note: I     | re date, if other than the date of filing:  |
| he record<br>ord is file | 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 d. |
| Dated                    | February 01, 2023.  |
|                          | Signature of a nember or authorized representative of a member  |
|                          | Buamiz Carher   |
|                          | Typed or printed name of signee   |

Filing Fee: \$25.00