

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000200415

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(((H23000182993 3)))



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

From:
 Account Name : TAXPEOPLE LLC
 Account Number : I20200000160
 Phone : (772)460-1000
 Fax Number : (772)777-3071

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 RFS&P QUALITY MECHANICAL LLC**

Certificate of Status	0
Certified Copy	0
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 MAY 17 12:24 PM

MAY 17 11:58 AM
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MAY 17 2023
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RFS&P QUALITY MECHANICAL 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:

CLAUDIO TOLEDO RIBEIRO

Name of Person

TAXPEOPLE, LLC

Firm/Company

2855 SW BRIGHTON ST

Address

PORT LUCIE, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

772

460.1000

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

RFS&P QUALITY MECHANICAL 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 04/24/2023
Florida document number L23000200415 and assigned

This amendment is submitted to amend the following:

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

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: 4436 MOUNT CARMEL LN
MELBOURNE, FL 32901
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 4436 MOUNT CARMEL LN
MELBOURNE, FL 32901
(Mailing address MAY BE A POST OFFICE BOX)

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: TAXPEOPLE, LLC

New Registered Office Address: 2855 SW BRIGHTON ST
Enter Florida street address

PORT ST LUCIE, Florida 34953
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

2023 MAY 17 PM 9:58

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

Title	Name	Address	Type of Action
AMBR	FIRST NAME: MANOEL LAST NAME: PEREIRA RIOS NETO	4436 MOUNT CARMEL LN MELBOURNE, FL 32901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add

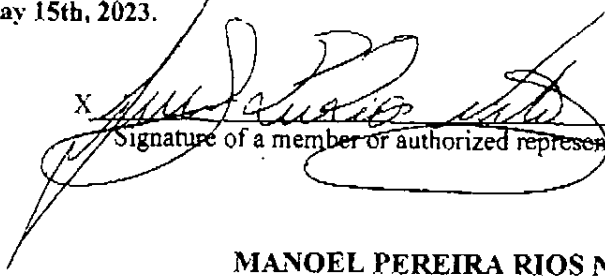
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN number 93-1399749

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 May 15th, 2023.

X 
 Signature of a member or authorized representative of a member

MANOEL PEREIRA RIOS NETO
 Typed or printed name of signer