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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

RC TAX SERVICE LLC

Account Number : 120140000083 Phone

: (407)932-0040

: (407)520-5473

Fax Number

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 GS IMMIGRATION&GENERAL SERVICES LLC

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TO:

Registration Section

## **COVER LETTER**

Division of C	orporations	
	IGRATION&GENERAL SERV	TICES LLC
SUBJECT:	Name of Lin	nited Liability Company
		• •
The enclosed Articles	of Amendment and fee(s) are su	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	GRECIA ANELY QUIN	ONES MARRERO
		Name of Person
	GS IMMIGRATION&GI	ENERAL SERVICES LLC
		Firm/Company
	3927 TOWNSHIP SQUA	RE BLVD APT 1522
		Address
	HUNTERS CREEK, FL	32837
•		City/State and Zip Code
		RALSERVICES@GMAIL.COM (to be used for future annual report notification)
For further information	n concerning this matter, please	
		407 697-1210
	JINONES MARRERO	at ()
· Nam	e of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OS IMMIGRATIONA GENERAL SERVICES	
(Name of the Limited Lintilly (A Florida is	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L23000325309	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	3927 TOWNSHIP SQUARE BLVD APT 1522
	HUNTERS CREEK, FL 32837, US
Enter new mailing address, if applicable:	3927 TOWNSHIP SQUARE BLVD APT 1522
(Mailing address MAY BE A POST OFFICE BOX)	HUNTERS CREEK, FL 32837, US
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: Gree	cia 'A. Quinones Marrero
Nov. Presidented CARTING Address 3927 TO	OWNSHIP SQUARE BLVD APT 1522
New Registered Office Address:	Enter Florida street address
ORLAN	NDO , Florida 32837  City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co- accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

Change

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	thorized Member		
Title	Name	Address	Type of Action
AMBR	Quinones Marrero, Grecia A	3927 TOWNSHIP SQUARE BLVD APT 1522	<b>≣</b> Add
		HUNTERS CREEK, FL 32837	□Remove
			□Add
			□Rcmove
			Change
			□ Add
•			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
			CRemove
	•		☐ Change
			□Add
			□Remove

Page: 5 of 5

	ODCANIZATION POR A FLORIDA	A PRINCIPLY CONTRACTOR TO THE CONTRACTOR OF THE
	ORGANIZATION FOR A FLOIDIA LI	MITED LIABILITY COMPANY FOR THIS LLC
	•	
•		
		1
	•	
4		
	·	
-		·
E. Eife	ective date, if other than the date of fil	ing: (optional)
Not	e: If the date inserted in this block does no	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 it meet the applicable statutory filing requirements, this date will not be listed
doc	ument's effective date on the Department of	if State's records.
f the re- ecord is		not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ccold i	s med.	
. Dat	DECEMBER 12	2023
Dat	eu	
	•	
	Signature o	in member or duthorized representative of a member
	GRECIA ANELY QUINONES M.	ARRERO
	. OKECIA MIREL QUINONES IN	

Fillng Fee: \$25.00