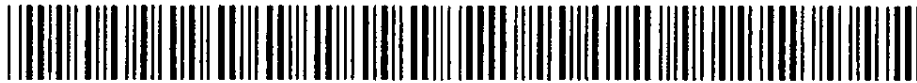


L23000469238

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H24000407359 3)))



H240004073593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : RC TAX SERVICE HC LLC
Account Number : 120200000165
Phone : (863)421-0617
Fax Number : (407)520-5473

2024 DEC 11 PH 3: 13
RECEIVED
TALLAHASSEE, FLORIDA

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

Email Address: master.rctaxhc@gmail.com

RECEIVED

2024 DEC 11 AM 11:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MADEN LABS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

DEC 12 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADEN LABS, 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:

MAURICIO ARGUELLES

Name of Person

Mauricio Arguelles

Firm/Company

310 N Orange Avenue Apt 634

Address

Orlando, FL 32801

City/State and Zip Code

mariana@retaxservice.com

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

For further information concerning this matter, please call:

MAURICIO ARGUELLES

786

685-9006

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADEN LABS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 2024 DEC 11 PM 3:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/11/2023 and assigned Florida document number L23000469238

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:

310 N Orange Avenue

(Principal office address MUST BE A STREET ADDRESS)

APT 634

Orlando FL 32801

Enter new mailing address, if applicable:

310 N Orange Avenue

(Mailing address MAY BE A POST OFFICE BOX)

APT 634

Orlando FL 32801

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:

Mauricio Arguelles

New Registered Office Address:

310 N Orange Avenue APT 634

Enter Florida street address

Orlando

Florida

32801

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.

Mauricio Arguelles

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

Title	Name	Address	Type of Action
AMBR	Mauricio Arguelles	310 N Orange Avenue APT 634	<input checked="" type="checkbox"/> Add
		Orlando FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric Hansen	6200 NW 7th street sut	<input type="checkbox"/> Add
		260943	<input checked="" type="checkbox"/> Remove
		Miami, FL, 33126	<input type="checkbox"/> Change
AMBR	Mathias Besil	8950 sw 74 th Court	<input type="checkbox"/> Add
		Suite 2201 PMB A4	<input checked="" type="checkbox"/> Remove
		Miami, FL, 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 DEC 11 PM 3:14
 SECRETARY OF FLORIDA
 TALLAHASSEE, FLORIDA

FILED

