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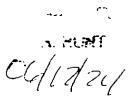
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COVER LETTER

Registration Section

TO:

porations				
DUNTING AND TAX SERVI	CES LLC			
Name of Lin	ited Liability Company			
Amendment and fee(s) are sub	mitted for filing.			
ndence concerning this matter	to the following:			
LEONARDO ROMERO	CAMPOS			
	Name of Person			
LRC ACCOUNTING AN	D TAX SERVICES LLC			
-	Firm/Company		<i>(</i> ⊶	
6210 NW 173TH ST, APT	822	7. 	2	
	Address		. <u>:</u>	
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	City/State and Zip Code	<u></u> ν.	= ;	٠.
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LEONARDO ROMERO CAMPOS			_	
Person	Area Code Daytii	me Telephone Number		
e following amount:				
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of St Certified Copy	tatus &	
s: section	Street Address: Registration Se	ection		
orporations	Division of Co	orporations		
	Amendment and fee(s) are sub- ndence concerning this matter LEONARDO ROMERO C LRC ACCOUNTING AN 6210 NW 173TH ST, APT HIALEAH, FL 33015 ROMEROLEONARDO199 E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter and concerning this matter. Please concerning this matter and concerning this matter. Please concerning this matter and concerning this matter and concerning this matter.	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LEONARDO ROMERO CAMPOS Name of Person LRC ACCOUNTING AND TAX SERVICES LLC Firm/Company 6210 NW 173TH ST, APT 822 Address HIALEAH, FL 33015 City/State and Zip Code ROMEROLEONARDO1997@GMAIL.COM E-mail address: (to be used for future annual report no oncerning this matter, please call: CAMPOS Person Area Code Oncerning Fee & Certificate of Status Certificate of Status Street Address: Street Address: Registration S Division of Corporations 7 The Centre of	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LEONARDO ROMERO CAMPOS Name of Person LRC ACCOUNTING AND TAX SERVICES LLC Firm/Company 6210 NW 173TH ST, APT 822 Address HIALEAH, FL 33015 City/State and Zip Code ROMEROLEONARDO1997@GMAIL.COM E-mail address: (to be used for future annual report notification) Person Area Code Table Certificate of Status Certificate Opy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centire of Tallahassee	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: LEONARDO ROMERO CAMPOS Name of Person LRC ACCOUNTING AND TAX SERVICES LLC Firm/Company 6210 NW 173TH ST, APT 822 Address HIALEAH, FL 33015 City/State and Zip Code ROMEROLEONARDO1997@GMAIL.COM E-mail address: (to be used for future annual report notification) Description of Corporations Feel S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (addriconal copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ny as it now appears on our records Liability Company)	<u></u> /
were filed on 01/30/2024	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
9530 DANA RD	7 P
CUTLER BAY, FL 33157	
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CUTLER BAY, FL 33157	70 FL
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ì	9530 DANA RD CUTLER BAY, FL 33157

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.

City

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

<u>Title</u>	<u>Name</u>	Address		Type of Action
MGR	MEILING MORALES	9530 DANA RD		_ ≣ Add
		CUTLER BAY, FL 33157		_ 🗆 Remove
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Effective date, if other than the	date of filing:	/30/2024		(on	tional)		
f an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot	ot be prior to date	of filing or mon	than 90 days aft	er filing.) Pu	rsuant to	605.0207
document's effective date on the D			tatutory filling i	equirements, u	iis date wii	י ווטנ טכ	i iisteu as i
e record specifies a delayed effectived is filed.	e date, but not an el	fective time, a	t 12:01 a.m. on	the earlier of:	(b) The 90)th day	after the
JUNE 5TH	20	24					
Jaica	-//						
	KOE		<u> </u>				_
	Signature of a memb	er or authorized	representative of	a member			
LEONARDO ROMER	O CAMPOS - MGR	\					

Filing Fee: \$25.00