# L24000092135

(Requestor's Name)	_
(Address)	
(Address)	_
(,	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\neg$





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2025 MAR 13 PM 2: 45

RECEIVED BSKAR 13 PM 2: L

Omend/ Name Change

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

(RTS) RUMYCASH TOP SERVICE LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Sty/	Art of Inc. File
	LTD Partnership File  Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File 67
	Merger FileAnt. of Amend. File
	RA Resignation
	A second
	Dissolution / Withdrawal 5 70 11 12 12 12 12 12 12 12 12 12 12 12 12
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitions Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

# **COVER LETTER**

	ion Section of Corporations		
(RTS	) RUMYCASH TOP SERVICE LL	.c	
SUBJECT:	Name of Li	mited Liability Company	<del></del>
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
	rrespondence concerning this matte	-	
	HUGO VARGAS		
		Name of Person	<u> </u>
	HUGO TAX PRO INCO	RPORATED	
	<del></del>	Firm/Company	<del></del>
	924 E 25TH ST		
		Address	. 2
	HIALEAH, FLORIDA 3.	3013	2025 H.S.R.
		City/State and Zip Code	三 三 第
	INFO@HUGOTAXPRO.		
	E-mail address:	(to be used for future annual report notif	ication)
For further informa	tion concerning this matter, please	call:	70
HUGO VARGAS		786 7853090 at ()	- 1 - E
	ame of Person		Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing I	Fee S30.00 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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

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

## (RTS) RUMYCASH TOP SERVICE 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 03/21/2024	and assigned?
Florida document number L24000092135	<del>-</del>	5
This amendment is submitted to amend the following:		`
A. If amending name, enter the new name of the limited liab	oility company here:	
RTS RUMY TOP SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	631 N 68TH WAY	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FLORIDA	33024
		·
Enter new mailing address, if applicable:	631 N 68TH WAY	
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FLORIDA	33024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		Florida
	City	F <b>lorida</b> Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ree to act in this canacity. I	further garee to comply with the

i nereby 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.

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
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			□Remove
			Change
			□Add
			Remove
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Effectiv	e date, if other than	the date of fili	ng:	a data of filing or more	(optiona	il)
Note: I	f the date inserted in the nt's effective date on the	is block does not	t meet the applica	ble statutory filing r	equirements, this da	te will not be listed as
record d is file	specifies a delayed effe d.	ective date, but n	ot an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated _	AARCH 12		2025	$\sim$		
		Signature of	a member or autho	rized representative of	a member	
			<b>7</b>		1-1	1

Filing Fee: \$25.00