

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L24000358657

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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
Fax Number : (407)520-5473

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

Email Address: _____

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2024 OCT 28 PM 3:06
DIVISION OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ON SERVICES 24 HOURS LLC**

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

OCT 29 2024

T. LEMLEY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ON SERVICES 24 HOURS 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:

Morese Fermin, Miguel Angel

Name of Person

ON SERVICES 24 HOURS LLC

Firm/Company

2520 Osprey Ridge Ct unit 103

Address

Kissimmee, FL 34741

City/State and Zip Code

onserviceshoursllc@gmail.com

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

For further information concerning this matter, please call:

Morese Fermin, Miguel Angel

1

5014718360

Name of Person

at ()

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

ON SERVICES 24 HOURS 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 02/29/2024 and assigned Florida document number L24000105553

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Morese Fermin, Miguel Angel

New Registered Office Address:

2520 Osprey Ridge Ct unit 103

Enter Florida street address

Kissimmee

City

Florida 34741

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.

If Changing Registered Agent, Signature of New Registered Agent

To:

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2024-10-28 17:06:17 GMT

14075205473

From RC TAX SERVICE

~~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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Moino Orsoni, Alejandro Jose	3834 Hixon Ave, St Cloud, FL 34772	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tacoa Devera, Joisnella J	3834 Hixon Ave, St Cloud, FL 34772	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Castro Armas, Isaura Valentina	2520 Osprey Ridge Ct unit 103, Kissimmee FL 34741	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUGOS TAX PRO	924 E 25TH ST HIALEAH, FL 33013	<input type="checkbox"/> Add
			<input checked="" 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

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific.)

(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 date filing requirements, the date will be deemed to be the date of filing.

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. 10/28

2024

Signature of a member or authorized representative of a member

Miguel Angel Moresc Fermin

Typed or printed name of signee

Filing Fee: \$25.00