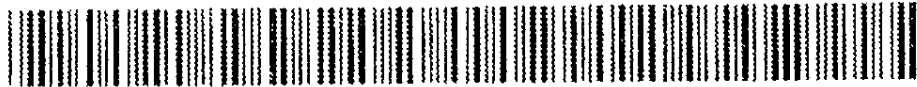


Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H25000339289 3))



H250003392893ABCS

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 : ACCOUNTING TAX PRO GROUP LLC
Account Number : 120220000157
Phone : (407)377-7752
Fax Number : (407)413-8813

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

Email Address: _____

2025 SEP 22 PM 3:28

RECEIVED

2025 SEP 22 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R2 SERVICES FL LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

H 25000339289 3
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUBZ SERVICES FL 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.

RUBZ, LUIS

Name of Person

Firm/Company

4451 ARLINGTON AVE

Address

ST CLOUD, FL 34769

City/State and Zip Code

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

For further information concerning this matter, please call:

RUBZ, LUIS

407 3617373

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$20.00 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

H 25000339289 3

H250003372873
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FL SERVICES FL 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 04/17/2024 and assigned
Florida document number 124000182482

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)

1238 W MICHIGAN ST.

ORLANDO, FL 32805

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:

New Registered Office Address:

Enter Florida street address

Florida

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 602, 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

H25000339289 3

H 25 000 8392 89 3

If attending 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>
.....			☐ Add
.....			☐ Remove
.....			☐ Change
.....			☐ Add
.....			☐ Remove
.....			☐ Change
.....			☐ Add
.....			☐ Remove
.....			☐ Change
.....			☐ Add
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.....			☐ Remove
.....			☐ Change
.....			☐ Add
.....			☐ Remove
.....			☐ Change

H 25 000 8392 89 3

H 25 000 33 92893

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

F. Effective date, if other than the date of filing: _____ (optional)

if an effective date is listed, the dose must be specific and cannot be more than 30 days after filing. Paragraphs 4.005-6.0207 (1)(b)

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: SEPTEMBER 22 1928

Signature of member or authorized representative of a member

REFERENCES

Typed or printed name of signer

Filing Fee: \$25.00

11 25 000 33 92 89 3