L24000182482

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)413-5813

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

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TALLAHASSEE, FLORIDA

2025 SEP 22 PM 3:28

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

R2 SERVICES FL LLC

Certificate of Status	1
Certified Copy	0
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SEP 23 2025

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R2 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:

RUIZ, 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:

RUIZ, LUIS at (407) 361-2933
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EZ 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 04/13/2024 and assigned Florida document number L24000182482.

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:
(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

City, Florida 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

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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
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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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 and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to s. 605.0207 (7)(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 no an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 22 2025

Signature of a member or authorized representative of a member

RUIZ, LUIS

Typed or printed name of signee

Filing Fee: $25.00

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