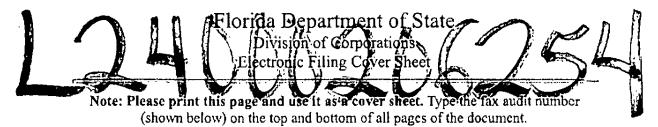
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131

Fax Number : (888)453-0509

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

nall Address: Account and auxzona

LLC AMND/RI R&R M Certificate

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R&R MARKETING CONSULTING LLC

Certificate of Status	0
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M. SOLOMON

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COVER LETTER

TO: Registration Division of C			
R&R MA	ARKETING CONSULTING LL	c	
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	_	
Please return all corres	pondence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	<u> </u>
	TAX ZONE INC		
		Firm/Company	
	8865 COMMODITY CIR		r.
		Address	n sai Maran Sangan annaya annaga mangga Mangi Sangi Anna Alamang gabig
	ORLANDO, FL 32818		; ;
	A ALACANA INDICA A MENANTIA A SACRA	City/State and Zip Cude	
	ACCOUNTANT@TAXZC	to be used for future annual report not	fication)
For further information	concerning this matter, please c	rail:	•
ED KOTLER		407 888-3131	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	a Section Corporations 327	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassec e Street, Suite 810

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

R&R MARKETING CONSULTING LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	05/02/2024 and assigned
Florida document number L24000206254	•
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability company	<u>, here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," if	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*]
(Principal office address MUST BE A STREET ADDRESS)	······································
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing uddress MAY BE A POST OFFICE BOX)	., .,
**************************************	7
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	Zip Code

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 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

To:

Title	<u>Name</u>	Address .	Type of Action
AMBR	JAMAL ELKHATIB	9001 HERITAGE BAY CIR	\ \(\begin{align*}
		ORLANDO, FL 32836	-
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		***************************************	□Remove
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D.	If amending any other informa	tion, enter change(s) here: (Attach addit	ional sheets, if necessary.)		
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E.	Effective date, if other than the	date of filing:	(optional)		
	(If an effective date is listed, the date mus	date of filing: the specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to	605.0207 (?	3)(b
	document's effective date on the D	ock does not meet the applicable statutory fill epartment of State's records.	ng requirements, this date will not be i	isicu as In	16
15.1	ha manud amanifima u dalumed affectiv	e date, but not an effective time, at 12:01 a.m.	an the region of the The 199th days	AL .	

Signature of a member or authorized representative of a member

OUAFIA BEKKALI

Typed or printed name of signer