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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : 120210000103

Phone : (786)615-3057

Fax Number : (786)615-3058

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

| imail | Address: | info@tassolution.ne | L   |
|-------|----------|---------------------|-----|
| TIEM  | Address  |                     | C.— |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ÖRANGE BUILDING MAINTENACE MULTI SERVICE LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$30.00 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ORANGE BUILDING MAINTEN                              |   |  |                           |                                |                |
|--|---|--|---------------------------|--------------------------------|----------------|
| (Name of the Limi                                    | ted Linbility Compa<br>(A Florida Limited l | ny as it now appears on ou<br>Liability Company) | r records.)               |                                |                |
| The Articles of Organization for this Limited L      | iability Company                            | were filed on 05/22/202                          | 14                        | and assig                      | gned           |
| Florida document numberL24000237477                  | ·   |  |                           |                                |                |
| This amendment is submitted to amend the following   | owing:                                      |  |                           |                                |                |
| A. If amending name, enter the new name of           | f the limited liab                          | ility company here:                              |                           |                                |                |
| The new name must be distinguishable and contain the | words "Limited Liabi                        | lity Company," the designati                     | on "Li.C" or the ab       | breviation "L.L                | .C."           |
| Enter new principal offices address, if applie       | able:                                       |  |                           |                                |                |
| (Principal office address MUST BE A STREE            |   | 930 NW 96TH ST AP                                | ГА                        |                                |                |
|  |   | MIAMI, FL 33150                                  |                           |                                | <u> </u>       |
|  |   |  |                           |                                |                |
| Enter new mailing address, if applicable:            |   |  |                           |                                |                |
| (Mailing address MAY BE A POST OFFICE                | BOX)  | 930 NW 96TH ST AP                                | 1' A                      | <u> </u>                       |                |
|  |   | MIAMI, FL 33150                                  |                           | 75 <u>2</u>                    |                |
|  |   |  | i,                        |                                | ~77            |
| B. If amending the registered agent and/or           | registered office:                          | address on our records                           | s, <u>enter the nam</u>   | e of the <del>now</del><br>} ≈ | registere<br>i |
| agent and/or the new registered office addre         | <u>ss nere</u> :                            |  |                           | ^<br>역유 <b>골</b>               | П              |
| No. of New Project and Agents                        | GUILLERMO                                   | M. ARGUELLO                                      |                           | ്ഗ <b>ഗ</b>                    | D              |
| Name of New Registered Agent:                        |   | . 0.4 . 0.7 .                                    |                           | - A - B                        |                |
| New Registered Office Address:                       | 930 NW 96TH                                 | Enter Florida stre                               | et address                | mi w                           |                |
|  |   | manufact t touriery 31/ E                        |                           |                                |                |
|  | MIAMI                                       |  | , Florida _ <sup>33</sup> | 150                            |                |

## 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 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   |
|---------------|--------------------------|-------------------------------|--|
| AR            | YUNIESKY MORALES         | 10318 FOX TRAIL RD            | 🗀 Add  |
|               |                          | ROYAL PALM BEACH, FL 33411 UN | \( \overline{\overli |
|               |                          |                               | □Change  |
| AMBR          | GUILLERMO M. ARGUELLO    | 930 NW 96TH ST APT A          | <b>ਙ</b> Add   |
|               |                          | MIAMI, FL 33150               | □Remove  |
|               |                          |                               | Change   |
| AMBR          | WALKIRA MARTINEZ SANCHEZ | 930 NW 96TH ST APT A          | <b>⊟</b> ∧dd   |
|               |                          | MIAMI, FL 33150               | □Remove  |
| •             |                          |                               | Change   |
|               |                          |                               | 🗖 Add  |
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|               |                          |                               | ☐ Change   |
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| $\overline{}$ |                          |                               | □Remove  |
|               |                          |                               | ☐ Change   |

| A                | DD EIN: 99-3444348   |
|------------------|--|
| _                |  |
| -                | UILLERMO M. ARGUELLO (99 UNITS)  |
| `                | ALKIRA MARTINEZ SANCHEZ (1 UNIT)   |
| _                |  |
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| ecti             | ve date, if other than the date of filing: (optional)  crive 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.  |
| te:              | ctive 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,<br>If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. |
|                  | ·  |
| ecord<br>is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after id.  |
| ıteć _           | 2024   |
|                  | O(1)   |

Typed or printed name of signee