Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC

Account Number : I20180000009 : (239)352-4099

Fax Number

: (239)919-8333

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R.D.P. SANCHEZ SERVICES LLC

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COVER LETTER

TO:	Registration Se Division of Cor			•
eimir		CHEZ SERVICES LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RUFINO DE PAZ-SANC	HEZ	
			Name of Person	
		R.D.P. SANCHEZ SERV	ICES LLC	
			Firm/Company	
		2585 53RD ST SW		
			Address	
		NAPLES, FL 34116		
			City/State and Zip Code	
		asapaccounting@me.com		
Von Greek	:		to be used for future annual report no	otification)
		oncerning this matter, please o	aii;	
ANA G	ISSELA PATIN	O 	239 352-4099 at ()	
	Name o	f Person	Area Code Dayt	me Telephone Number
Enclosed	d is a check for th	he following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(T) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C P.O. Box 632	•	Division of Co	orporations
	Tallahassee, l		The Centre of 2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

8/19/2024, 8:22 PM EDT TO: +18506176383 FROM: 12399198333 PAGE 4/6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.D.P. SANCHEZ SERVICES LI		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company were filed on 08/19/20	024 and assigned
Florida document number L24000265199	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	ionhla:	
Principal office address MUST BE A STRE.	ET ADDRESS	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
		
3. If amending the registered agent and/or	registered office address on our record	is enter the name of the new register
gent and/or the new registered office addre		
		2024 AU6
Name of New Registered Agent:	RUFINO DE PAZ - SANCHEZ	
New Registered Office Address:	2585 53RD SW	FIL. 6 20
	Enter Florida st	eet address
	NAPLES	Florida 341.16
	City	Zip Cod
New Registered Agent's Signature, if changing	Registered Agent:	. ∽: o n

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.

10.0

8/19/2024, 8:22 PM.EDT TO; +18506176383 FROM: 12399198333 PAGE 6/6

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			🗀 Change
			□Add
			□Remove
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record specifies a delayed effective d is filed.	date, but not an effective time	r, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	ifter the
	2024			
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