

L240004163191

Florida Department of State
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.

Email Address: ACCOUNTANT@TaxZoneFL.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIRST CUSTOMER SOLUTION LLC

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K. SALY

NOV 21 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST CUSTOMER SOLUTION 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:

ED KOTLER

Name of Person

TAXZONE INC

Firm/Company

8865 COMMODITY CIR

Address

ORLANDO FL 32339

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

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

For further information concerning this matter, please call:

YUNIOR TORRES

407

888-3131

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RST CUSTOMER SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 NOV 20 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-31-2024 and assigned
Florida document number L24000463191.

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) _____

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: JORGE L MOSCOSO

New Registered Office Address: 11752 GRAY ROCK TR

Enter Florida street address

ORLANDO, Florida 34786

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 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.

Jorge L Moscoso
If Changing Registered Agent, Signature of New Registered Agent

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
MGR	YUNIOR TORRES	11752 GRAY ROCK TR	<input type="checkbox"/> Add
		ORLANDO, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CAMILO CURY	11752 GRAY ROCK TR	<input type="checkbox"/> Add
		ORLANDO, FL 34786 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE L MOSCOSO	11752 GRAY ROCK TR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 34786 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV 28 PM 8:49
SECURITY
TALLAHASSEE, FL 32310

FILED

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

2024 NOV 20 PM 4:43
SECRETARIAT FLORIDA
TALLAHASSEE

FILED

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 605.0207 (3)(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 NOVEMBER 19 2024

Signature of a n

YUNIOR TORRES

Typed or printed name of signee

Filing Fee: \$25.00