

P20000038313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

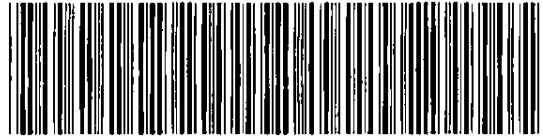
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name conflict

Office Use Only



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SECRETARY OF STATE
TOLSON

AUG 09 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RR PROFESSIONAL TAX & MULTISERVICES INC

DOCUMENT NUMBER: P20000038313

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSA KARINA RODRIGUEZ

Name of Contact Person

RR PROFESSIONAL TAX & MULTISERVICES INC

Firm/ Company

4471 NW 36TH ST UNIT 221

Address

MIAMI SPRINGS, FL 33166

City/ State and Zip Code

ROSATAXESOLUTIONS@OUTLOOK.COM

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

For further information concerning this matter, please call:

ROSA KARINA RODRIGUEZ

786

210-7852

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status,
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
FILING OFFICE

2024 AUG -2 PM 3:53

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2023

ROSA KARINA RODRIGUEZ
4471 NW 36TH ST
UNIT 221
MIAMI SPRINGS, FL 33166

SUBJECT: RR PROFESSIONAL TAX & MULTISERVICES INC
Ref. Number: P20000038313

We have received your document for RR PROFESSIONAL TAX & MULTISERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L22000082126.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00023483



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2024

ROSA KARINA RODRIGUEZ
4471 NW 36TH ST
UNIT 221
MIAMI SPRINGS, FL 33166

SUBJECT: RR PROFESSIONAL TAX & MULTISERVICES INC
Ref. Number: P20000038313

We have received your document for RR PROFESSIONAL TAX & MULTISERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L22000082126.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

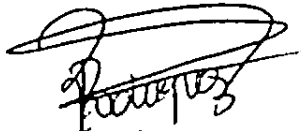
Letter Number: 623A00023483

August 02, 2024

Diane C. Cushing
Operations Manager
Amendment Section
Division of Corporations

I hereby request a name change for the company RR PROFESSIONAL TAX & MULTISERVICES INC with DOCUMENT NUMBER P20000038313, by ROKA TAX & MULTISERVICES INC

I attest that the company ROKA TAX & MULTISERVICES LLC with Document Number: L22000082126 will not be reactivated and I am making the name available for use, please authorize the amendment to RR PROFESSIONAL TAX & MULTISERVICES INC with DOCUMENT NUMBER P20000038313.




Rosa Karina Rodriguez
4471 NW 36TH ST 221
MIAMI SPRINGS, FL 33166
(786)210-7852

Driver Lic:

R 362-731.81.589.0.



GLORYDELFA BARRIOS
Commission # HH 453448
Expires January 24, 2028



Articles of Amendment
to
Articles of Incorporation
of

RR PROFESSIONAL TAX & MULTISERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000038313

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ROKA TAX & MULTISERVICES INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4471 NW 36TH ST UNIT 221

MIAMI SPRINGS, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

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SECRETARY OF STATE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner: Currently John Doe is listed as the PTD and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. This should be noted as John Doe, PTD as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------|-------|------|---------|
| 1) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | N/A | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

09/15/2023

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

09/15/2023

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

09/15/2023
Dated _____

Signature _____

(By a director, president or officer, if a director or officers have not been selected, by an incorporator, or if in the hands of a receiver, trustee, or other court-appointed fiduciary by that fiduciary)

ROSA KARINA RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)