Division of Corporations



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Tc:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044

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: CICCOUNTONTE tax ZONE FLOOM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WASABI BULLIES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

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# #410002901133

#### **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |                  |                     |
|--|---|--|------------------|---------------------|
|  | BULLIES ELC                               |  |                  |                     |
| SUBJECT:                               | Name of Limi                              | ted Liability Company  | <del></del>      |                     |
| The enclosed Articles of               | Amendment and fee(s) are subi             | mitted for filing  |                  |                     |
|  | ndence concerning this matter             |  |                  |                     |
|  | JOHNNY I SANTOS                           |  |                  |                     |
|  | ·   | Name of Person   |                  | TALLAHASSEE, TLORIO |
|  |   | Firm:Company   |                  | CHIEF THE THE       |
|  | 901 LACEY OAKS COUR                       | tΤ   |                  | SAC E               |
|  | <u> </u>                                  | Address  |                  | S T                 |
|  | KISSIMMEE, FL 34744                       |  |                  |                     |
|  | WASABIBULLIES@GMA<br>E-urail address: (r  | City/State and Zip Code  JL.COM  to be used for future armual report notified. | ication)         | 7                   |
| For further information of             | concerning this matter, please ca         | all:   |                  |                     |
| JOHNNY I SANTOS                        |   | 407 301-7832   |                  |                     |
| Name o                                 | f Person                                  | Area Code Daytim   | Telephone Number |                     |
| Enclosed is a check for the            | he following amount:                      |  |                  |                     |
| ■ \$25.00 Filing Fee                   | 530.00 Filing Fee & Certificate of Status |  | Certified (      | of Status &         |
| <u>Mailing Addre</u><br>Registration   | Section                                   | Street Address:<br>Registration Se   |                  |                     |
| Division of C<br>P.O. Box 632          |   | Division of Cor<br>The Centre of T   |                  |                     |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limi   | red Liability Compa<br>(A Flerida Limited I | ny as it now appears on<br>lability Company) | our records.)                             |
|---|---|--|---|
| The Articles of Organization for this Limited L   |   |  |   |
| This amendment is submitted to amend the following  | owing:                                      |  |   |
| A. If amending name, enter the new name o   | f the limited liab                          | ility company here:                          |   |
| N/A   | _   |  |   |
| The new name must be distinguishable and contain the  | vords "Limited Liabi                        | lity Company." the design                    | aztion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic  | cable:                                      | 1415 W OAK STRE                              | ET  |
| Principal office address MUST BE A STREI  |   | SUITE 422936                                 |   |
|   |   | KISSIMMEE, FL 3-                             | 1741                                      |
| Enter new mailing address, if applicable:   |   | 1415 W OAK STRE                              | EET                                       |
| Mailing address MAY BE A POST OFFICE BOX)   |   | SUITE 422936                                 |   |
|   |   | KISSIMMEE, FL 34                             | 4741                                      |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: |   |  | rds, enter the name of the new reg        |
| Now Registered Office Address:  | STREET SUITE 42293                          |  |   |
| now Acquired Office Additions.  |   | Enter Florida                                | streei address                            |
|   | KISSIMMEE                                   |  | Florida 34741                             |
|   |   | 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.

If Changing Alegistered Agent, Signature of New Registered Agent

### H21008 240/13 B

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

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| <u>Title</u> | <u>Name</u>                            | <u>Address</u>      | Type of Action |
|--------------|--|---------------------|----------------|
| MGR          | JOHNNY J SANTOS                        | 1415 W OAK STREET   | DAdd           |
|              |  | SUITE 422936        | □Remove        |
|              |  | KISSIMMEE, FL 34741 | € Change       |
|              | ************************************** | •••                 |                |
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| ective date, if other than the          | hate of filing: be specific and cannot be prior to date of filing or m                                    | (optional)  |
| effective date is listed, the date must | be specific and cannot be prior to date of filing or m<br>ck does not meet the applicable statutory filin | note than 90 days after tiling.) Pursuant to 003.02 are requirements, this date will not be listed. |
| ument's effective date on the De        | partment of State's records.  |   |
|   |   |   |
| cord 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   |
| s filec.                                |   |   |
|   |   |   |
| ed                                      | 2021  |   |
|   |   |   |
|   | 1   |   |
|   | Signature of a member or authorized representative  | e of a member   |
|   |   |   |