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Division of Corporations

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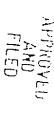
Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 : (786)713-1940 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRS. OCTOPUS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRS. OCTOPUS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 102/28/2022 and assigned Florida document number L22000101668
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TARASERVICE INTEGRAL SOLUTIONS LLC
The new name must be distinguishable and comain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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:
New Registered Office Address: Enter Florida street address
City Florida Sign 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 Registered Agent, Signature of New Registered Agent

To: CORPORATE AMENDMENT

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From: TAXLEAF.COM CONTADORMIAMI.COM

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR ECHEVARRIA, VIRGINIA	ECHEVARRIA, VIRGINIA	649 SW 9th Street Apr 210	■Add
		MIAMI, FL 33130	
			□Change
			□Add
		□Remove	
			
			□Add
			□Remove
			∏Change
			∐Add
			□Remove
			Change
			∐Remove
		·	□Change
			□Add
			Remove

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	ing any other information, enter change(s) here: (Auach additional sheets, if necessary.)
- •	
<u> </u>	
-	
Effective c	late, if other than the date of filing:
Note: If th	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605.05 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
a raward on	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
rd is filed.	termes a delayed enceuve date, but not an eneetive time, at 12.01 a.m. on the earlier on. (b) The 90th hay after h
Dated OC	TOBER 17TH 202
-	Signature of a number or authorized representative of a member
	Typed or printed name of signee