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COVER LETTER

TO: Registration Section **Division of Corporations** MATA & BAKER TAX CONSULTANTS LLC SUBJECT: 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: ELDAR ALIEV MATA Name of Person MATA & BAKER TAX CONSULTANTS LLC Firm/Company 80 SW 8TH ST SUITE PH 3303 Address MIAMI, FL 33130 City/State and Zip Code ELDAR@MBTAXCONSULTANTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ELDAR ALIEV MATA 467-9847 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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

	and assigned
The Articles of Organization for this Limited Liability Company were filed on 10/27/2016	and assigned
11600108188	
Florida document number L1600198188	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MIAMI BUSINESS & TAX CONSULTANTS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.I.E922 S
Enter new principal offices address, if applicable:	2 SE
(Principal office address MUST BE A STREET ADDRESS)	1 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	7 CSF
	PM 12: 0
Enter new mailing address, if applicable:	0 6
(Mailing address MAY BE A POST OFFICE BOX)	7 %
B. If amending the registered agent and/or registered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	<u>.</u>
Enter Florida street address	
, Florida	
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES A. BAKER	80 SW 8TH ST, 3303, MIAMI FL 33130	□Add
			■Remove
			□Change
MGR	JIM BAKER	145 SW 13TH ST, APT 242, MIAMI FL 33130	
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Note: If the c	te, if other than the date is listed, the date must be date inserted in this bloc ffective date on the Dep.	k does not me	et the applica	able statutory	or more than 9 filing require	(option 0 days after fil ments, this d	al) ing.) Pursuant late will not b	to 605.020 be listed a	07 (3)(as the
	pecifies a delayed of day after the recor		te, but nol	t an effecti	ve time, at	:12:01 a.r	n. on the (earlier (of:
Dated O	8 01	·	2022	<u> </u>					
_	Si	gnature of a me	ember or autho	rized represent	tative of a men	iber			
131	UDAR ALIEV MATA								

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