

(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:





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When you need ACCESS to the world

ACCESS, INC.

INSTRUCTIONS:

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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PIC	K UP:	9/6 DAN	INY		
CERTIFIED COPY		_			
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FILING	LLC	AMEND		_	
TAX NOW LLC (CORPORATE NAME AND DOCU	MENT #)				
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COVER LETTER

TO: Registration S Division of Co			
	Tax Now	110	
SUBJECT:		ited Liability Company	
	Name of Emi	ated Elability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Denisa	e Decius	
-		Name of Person	
	Tax	Now IL	
	1000	Firm/Company	
	190 NF	199th street 9.	
	IONL	Address	ite 204
	Miami.	7. 33179	
		City/State and Zip Code	
	- Tex-	TOX NOW 1040G to be used for future annual report notifi	mail·com
	E-mail address: (to be used for future annual report notice	ication)
For further information of	concerning this matter, please ca	all:	
<u> Denise</u>	Decius	at (<u>1786) 277 -</u>	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	\$55.00 Filing Fee &	FI #40 00 FW T
□ \$25.00 1 mmg 1 cc	Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addre	55:	Street Address:	
n			

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

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

FILED 2022 SEP -6 AM 9: 36

(Name of the Limited Liability Co (A Florida Lim	ompany as it now app	S. TALL TALL ears on our records.)	THASSEE, FL
The Articles of Organization for this Limited Liability Comp	oany were filed on .	09/21/2011	and assigned
Florida document number LIIOODID8196			
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 I	Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		· <u>·</u>	<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u>s</u>		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registeral Office Address.	Enter F	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	elete performance as provided for in	of my duties, and I am f n Chapter 605, F.S. Or,	amiliar with and if this document is

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
AMBR	Ardine Thomas	190 NE 1994 Street Suit	<u> 2U</u> □Add
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		-	□Change
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Effective date, if other t	than the data of	f filing:			(optional)		
If an effective date is listed, th Note: If the date inserted	ne date must be speci	ific and cannot b	e prior to date of f	ling or more than 90	days after filing.) Pursuant to 60	5.0207
document's effective date				ory minig requirem	iena, mis date	Will Hot be its	
ne record specifies a delaye	d effective date. It	out not an effer	tive time at 12:	01 am on the ear	lier of: (b) Th	e 90th day aft	er the
ord is filed.	d directive date, e	, at 1, or at 1 or 100	mro umo, at 12.	or a.m. on the yar	ner 01. (b) 11.	e your day and	ci uic
Dated August	18 2000						
Dated TIVIDA	10,000	AT TO					
	- 11	/ 14 16 16 17 17	· ^				
	Signatur	ic of a member of	or authorized repre	sentative of a memb	èr		

Filing Fee: \$25.00