L/1000/22561

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
(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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	Registration So Division of Co		, .	
SUBJEC		TIFICATE GROUP, LLC	0	
o tarre	• •		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		Reinaldo Castellanos		
		-	Name of Person	
		REINALDO CASTELLA	NOS, P.A.	
			Firm/Company	
		9960 Bird Road		
			Address	
		Miami, Florida 33160		
			City/State and Zip Code	
		rey@castellanoslaw.com		
			to be used for future annual report noti-	fication)
For further	r information c	oncerning this matter, please co	all;	
Reinaldo (Castellanos		at () 223-8744 Area Code Daytime	
	Name o	f Person	Area Code Daytimo	c Tetephone Number
Enclosed is	s a check for th	se following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAX CERTIFICATE GROUP, 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 October 27, 2011 ____ and assigned Florida document number <u>L11000122561</u> 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 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

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

____. Florida ___

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

'MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ILDA 1101 L.L.C.	2100 PONCE DE LEON BLVD	
		SUITE 1170, MIAMI, FL. 33134	■ Remove
			Change
MGRM	LEYDA V GARCIA	10101 SW 102 AVENUE.	
		MIAMI, FL. 33176	■ Remove
			Change
			☐ Remove
			Change
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ated		2018				
ated July 5						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00