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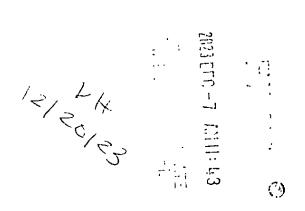
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Sect rision of Corpo					
SUBJECT:	Preferred Car	oital Tax & Financial Service	s LLC			
SUBJECT	Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return	ı all correspone	dence concerning this matter	to the following:			
		ROSE HERRISSE				
			Name of Person			
			Firm-Company			
		8251 NW 47TH STREET				
		Address				
		LAUDERHILL, FLORIDA	A 33351			
		PCTFINANCIAL@GMAII	City/State and Zip Code L.COM		2023 DEC	
		E-mail address: (to be used for future annual report notificat	uon)		•
For further is	nformation cor	cerning this matter, please c	all:			• '
ROSE HER	RISSE		954 709-3665		· .	
	Name of I	Person	Area Code Daytime Te	lephone Number	图1:13) ()
Enclosed is a	a check for the	following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Ma	ilinu Addrose:		Street Address			

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

PREFERRED CAPITAL TAX & FINANCIAL SERVICES

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our r d Liability Company)	ecords.)		
he Articles of Organization for this Limited Liability Company were filed on 09/21/2012 and assigned lorida document number 1.12000120794				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation	"LLC" or the abbreviation "L.L.C"		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		22 27		
Enter new mailing address, if applicable:		7		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>e</u>	nter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a			
	Enler Plorida Mreel d	aaress		
	Florida			
New Registered Agent's Signature, if changing Registered Ager	•	Zip Code		
		I family a summer and a summer with the		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of my dutie	rs, and I am familiar with and		

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	DAMIEN PIERRE	8251 NW 47TH STREET	≡ Add
		LAUDERHILL, FL 33351	□Remove
			□Change
		<u></u>	□Add
			🔲 Remove
			□Change
			□Remove
			Eg hange
			Estange Add
			Remove
			The Change (9)
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			□Remove
			☐Change
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			Change

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Effective date, if oth fan effective date is liste	er than the date of	f filing:		(option	Ť	
f an effective date is liste Note: If the date inset	d, the date must be speci rted in this block does	ific and cannot be prior	to date of filing or mo	re than 90 days after fil	ing.) Pursuant to 60 late will not be lis	5,0207 (3)(b) ted as the
document's effective of						
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e record specifies a del ed is filed.	layed effective date, b	ui noi an effective t	ime, at 12:01 a.m. o	n the eartier of: (b)	The 90th day and	er ine
Dated		<u> </u>	·			
		2000.11				
	10	NUMBER	- /			
	Signature	e jua memor or and	orized representative o	of a member		

Filing Fee: \$25.00