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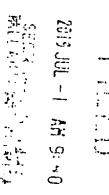
(Requestor's Name)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Special Instructions to Filing Officer:	
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COVER LETTER

Division of Co	orporations		
PRONTO SUBJECT:	TAX, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Evelyne G Bobo-Deglace		
		Name of Person	
	Deglace and Associates Fi	nancial Services	
		Firm/Company	
	16548 SW 32ND ST		
		Address	
	MIRAMAR FL 33027		
	EBOBO74@GMAIL.COM	City/State and Zip Code	
	•	to be used for future annual report notif	Testion)
		•	ication)
For further information	concerning this matter, please c	ан:	
Evelyne G Bobo-Degla	ace	786 290-3902 at ()	
Name	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

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

0810 17	AX, LLC.
	(Name of the Limited Liability Company as it now appears on our records.)
	(A Florida Limited Liability Company)

		12/04/2011	, , ,
The Articles of Organization for this Limited	Liability Company	were filed on 12/04/2012	and assigned
Florida document number L12000151270			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	16548 SW 32ND ST	
(Principal office address MUST BE A STRE		MIRAMAR FL 33027	
Enter new mailing address, if applicable:		PO BOX 170166	
(Mailing address MAY BE A POST OFFICE	E BOX)	HIALEAH FL 33017	3.75 B
B. If amending the registered agent and	•		· · · · · ·
registered agent and/or the new registered	office address ner	<u>e</u> :	Ŧ.
Name of New Registered Agent:	Evelyne G Bob	o-Deglace	9: 4 34. 4
Nous Posistered Office Address	16548 SW 32N	D ST	2317 C
New Registered Office Address:		Enter Florida strce	t address
	MIRAMAR		, 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 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 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

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actio
MCD	Evelyne G bobo-Deglace	16548 SW 32ND ST	
MGR			
		MIRAMAR FL 33027	
			☐ Remove
		16548 SW 32ND ST ☐ Add MIRAMAR FL 33027	
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	Change the principal business address
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	47. - 3579
	<u>.</u> 9
ffec an e	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 604
iote	g If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
ocu	iment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.
	,
)ate	0 6/19/19
aic	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00