## Efforight Department of State Division of Corporations Electrodic filling Cover These

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP

Account Number : I20060000145

120060000145

Phone

: (305)769-4936

Fax Number

: (305)769-1844

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENDEZ ACCOUNTING & TAX SERVICES, LLC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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K. SALY

JUL - 9 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENDEZ A	CCOUNTING & TAX	SERVICES, LLC.	SURVE
(Name of the Lin	ited Liability Company : (A Florida Limited Liab	as it now appears on ou ility Company)	r records.)
The Articles of Organization for this Limited	Liability Company we	ere filed on 04/30/20	and assigned
Florida document number [.13000063290			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability	v company here:	
The new name must be distinguishable and contain the	words "Limited Liability (	Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
	-		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office add ess here:	ress on our records	, enter the name of the new registere
Name of New Registered Agent:	ame of New Registered Agent: JOSE A. MENDEZ, JR.		
New Registered Office Address:			
	•	Enter Florida stre	et address
	HIALEAH		, Florida 33014
		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

From: Jose Metidez Fnx; 13057691844

Fax: (850) 617-6383

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07/05/2024 5:31 PM

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

Title	Name	Address	Type of Action
AMBR	LILIA MENDEZ	7755 W 4TH AVE STE 104, HIALEAH, FL 33014	□Add
			Remove
			DAdd
			□Remove
			_ DCPange
			<u> </u>
			TI Remove
	<u> </u>		□Add
			CRemove
			□Change
<del></del>			□Add
			DRemove
			□ Change
			□Add
			DRemove
			Change

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Typed or printed name of signee