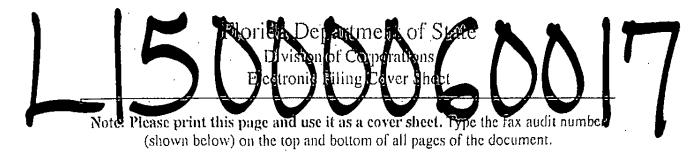
Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

. Erom:

Account Name : POMARES TAX AND ACCOUNT SERVICES LLC

Account Number : I20230000162 Phone : (786)879-2699

Fax Number : (305)513-5730

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

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POMARES TAX AND ACCOUNT SERVICE LLC

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M. SOLOMON

JUN - 6 2024

## COVER LETTER

TO: Registration S Division of Co		·	•
	S TAX AND ACCOUNT SERVICE LLC		
SUBJECT:	Name of Limited Liability	Company	
	•		
The enclosed Articles of	Amendment and fee(s) are submitted for fi	ling.	
Please return all correspond	ondence concerning this matter to the follow	ving:	
	YISELL POMARES		
	Name	of Person	
	Finn	Company	
٠.	17321 SW 149TH CT	• •	£',
·	Ad	dress	• .
	MIAMI, FL 33187	,	:
		and Zip Code	
•	yisciltax@yahoo.com  E-mail address: (to be used for	future annual report notification)	. ,
For further information of	oncerning this matter, please call:		r i
YISELL POMARES	7 at (	786 879-2699	3
Name o	f Person A	rea Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:		
≅ \$25.00 Filing Fec	Certificate of Status Certificate	o Filing Fee & S60.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration S		Registration Section Division of Corporations	

Malling Address: 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

POMARES TAX AND ACCOUNT SERVICE LLC

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Limited Limited Limited L</u> (A Florida Limited L	ny na it now appears on our recor lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000060017</u>	were filed on 04/06/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, cuter the new name of the limited liable	lity company here:	
POMARES TAX AND ACCOUNT SERVICES LLC		·
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	22.5
	. <b>F</b>	lorida
	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

MGR = Manager

AMBR = A	uthorized Member		
Title	Name	Áildiress	Type of Action
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			□Change
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record specifies a de d is filed.	layed effective date, b	out not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) T	ne 90th day after the
Dated	, "		orized representative of		