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## COVER LETTER

| TO: Registration Section , Division of Corporations   |
|---|
| SUBJECT: TAX 10 RE Investments LLC.  Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Doc. pumber - 115000122382  |
| Please return all correspondence concerning this matter to the following: To LSMAEL LOZADAVR. 14615-5, W.   |
| ISMAEL LOZADA SR.  Name of Person   |
| JAX 10 RE INVESTMENTS LLC Firm/Company  |
| 14615 S.W. 173Rd St. Address  |
| MIAMI FL. 33177  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| TSMAEL LOZADA at (786) 405-2312 = O  Name of Person Area Code Daytime Telephone Number = Code   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\times \text{ Certificate of Status} \text{ \$\text{Solo} Filing Fee & Certificate of Status} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{certified Copy (additional copy is enclosed)}}}}  \$\text{\$\tex |

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

| If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: |                              |                          |                 |  |  |  |  |
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|   | Aanager<br>Authorized Member |                          | 1               |  |  |  |  |
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| ument's effec  | ctive date on the     | Diock does not<br>Department of | t meet the app<br>f State's recor | ncable statutor<br>ds.                | y filing requirer                     | nents, this date                       | will not be listed       |
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|                |                       | Signature of                    | a member or at                    | thorzed represe                       | ntative of a memb                     | er                                     |                          |
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