9/27/22, 4:07 PM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

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 900 BISCAYNE 1802 LLC

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J. HORNE

SEP 2-8-2022

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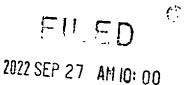
Help

COVER LETTER

TO: Registration Se Division of Cor			$\tau_{e^+} = \sigma_{e^-}$
	YNE 1802 LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
		. 15 5"	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CORINA A. SMITH		
		Name of Person	
	TAXCARE SOUTH MIA	MI	
		Firm/Company	
	1400 NW 107TH AVE ST	E 203	
		Address	
	MIAMI, FL 33172		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	CORINA.SMITH@TAXC	AREINC.COM	
	E-mail address: (to be used for future annual report no	otification)
For further information of	oncerning this matter, please c	all:	
CORINA A. SMITH		786 647-5866	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he 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 Addre		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Moni	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



900 BISCAYNE 1802 LLC

SECRETARY OF CA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on	07/29/2015	and assigned
Florida document number L15000129133	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," tl	he designation "LLC" of	or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:	<u>.,</u>		
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on ou	r records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Flor	ida
	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 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>	Name	Address	Type of Action
MGR	ALVAREZ GONZALEZ, ANA M.	7751 NW 107TH AVE	■Add
		UNIT 802	□ Remove
		DORAL, FL 33178-4057	□ Change
			DAdd
			□ Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			
			□Add
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		<u></u>	Change
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Mective date, if oth	i er than the d ate o	of filing: wife and cannot be price	or to date of filing or ma	(option ore than 90 days after fit	al) ing.) Pursuant to 603,0207
Note: If the date inset document's effective	ned in this block doe	es not meet me appu	cable simblory ming	g requirements, this d	ate will not be listed as
locument's effective	late our me Departm	Chi Of Chare 110 con-	•••		
record specifies a de	laved effective date.	but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
d is filed.	•	_			
SEPTEMBER	21	2022			
		/	//		
Dated	/				
Dated					
Dated	(ignatio	तार लेच फरणिय ज ती	horized representative	of a member	

Filing Fee: \$25.00