Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: TAX ZONE INC. Account Name Account Number : I20190000044 Phone : (407)888-3131

Fax Number

: (888)453-0509

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

intant@taxzone FC.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RINCON MONTANERO LLC

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COVER LETTER

10:				
SURTE	RINCON N	MONTANERO LLC		
SUBJE	CI:	Name of Lin	ited Liability Company	
The end	Division of Corporations RINCON MONTANERO LLC Name of Limited Liability Company The enclosed Articles of Amendment and fcc(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ED KOTLER Name of Person TAX ZONE INC Firm/Company \$865 COMMODITY CIRCLE STE 4 Address ORLANDO, FL 32819 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code Daytime Tolophone Number Inclosed is a check for the following amount: SE \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section			
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	PARTIES AND			
			Name of Person	
		TAX ZONE INC		
			Finn Company	
		8865 COMMODITY CIRC	CLE STE 4	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information o	oncerning this matter, please of	all:	
			21/	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Implosed	i is a check for th	ne following amount:		
		□ \$30.00 Filing Fec &	Certified Copy	Certificate of Status & Certified Copy
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

4210004564113

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RINCON MONTANERO LLC		品
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor- liability Company)	المالية
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000052699</u>	were filed on <u>03/15/2016</u>	and assigned
This amendment is submitted to amend the following:		_
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the words "Limited Liability and Contain the words" and Contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words and Contain t	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Fnter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Organization for this Limited Liability Company were filed on 103/15/2016 and as Fined and as Fin	
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>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	- 	
	Enter Florida street addre	SS
	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.

It 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
MGR	GRICELA I MEDINA MARTINE Z	168 S SEMORAN BLVD	■Add
		ORLANDO, FL 32807	
MGR	FRANCISCO I. GUTIERREZ	168 S SEMORAN BLVD	■Add
		ORLANDO, FL 32807	□Remove
			Change
			□ Add
			□Remove
			☐ Change
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Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant able statutory filing requirements, this date will not	t to 605.0207 be listed as
e r∝ord specifies a delayed effective date, hut not an effective (i rd is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th do	ny after the
DECEMBER 15 2021		
Dated Dated	<u> </u>	
Signature of a member or author	orized representative of a member	

Typed or printed name of signee