## L16000083856

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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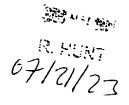
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## **COVER LETTER**

TO:

TO: Registration S Division of Co				-		
GOLDMA SUBJECT:	N TAX LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	ALEXANDREA GOLDM	AN				
		Name of Person		-		
	GOLDMAN TAX LLC					
		Firm/Company		-		
	220 SOUTH DIXIE HWY	# 3			<b>1</b>	
		Address		-		
	LAKE WORTH, FL 33460	)	ī	· ·	ro	
		City/State and Zip Code	<del></del>	:7:S		:
	CLIVENS_G@YAHOO.CO		:	្រាំ ពោធ	7	ij
	E-mail address; ()	to be used for future annual report not	(fication)		PH 8: 32	
For further information	concerning this matter, please ea	all:		<u> </u>	2	
ALEXANDREA GOLD	DMAN	561 582-7587 at ()			_	
Name (	of Person	Area Code Daytim	ne Telephone Number	r		
Enclosed is a check for t	the 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 Fi Certifica Certified (additional	ite of St I Copy	atus &	
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of To	rporations	310		
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL		310		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDMAN TAX LLC		
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on o</mark> ur record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000083856</u> .	were filed on <u>04/28/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records. enter	the name of the new register
	Enter Florida street addres	33
	, FI	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEXANDREA GOLDMAN	220 SOUTH DIXIE HWY # 3 LAKE WORTH, FL	.334 <b>≘</b> Add
			□Remove
			[] Change
AMBR	ANDREA GOLDMAN	220 SOUTH DIXIE HWY # 3 LAKE WORTH, FL	.33: □Add
			□Remove
			Change
			<u>r</u> €DAdd
			<u>r</u> ⊡Remove
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ective date if other than the	e date of filing:	(optiona	d)	
effective date is listed, the date mu	ist be specific and cannot be prior to date of filir	ng or more than 90 days after tilir	ng.) Pursuant to 60:	
ument's effective date on the E	lock does not meet the applicable statutor Department of State's records.	ry ming requirements, this da	te will not be fist	tea a
cord specifies a delayed effective filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day afte	er th
s med.				
ed	2023			
B. A.	Signature of a member or authorized represe			
, ' \ I'' 1//I	6 (VMa) / Adma			
<u> </u>	Signature of a member or authorized represe	entative of a member		

Filing Fee: \$25.00