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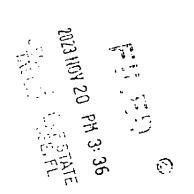
(Requestor's Name)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





11/20/23--01023--003 \*\*30.00





## **COVER LETTER**

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TO: Registration Sec Division of Corp				
SUBJECT:		NTERPRISES LLC		
SOBJECT.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	KATHERINE LEWIS			
		Firm/Company		
	LEESBURG, FL 34788			
	KATE@TANACES.NET	City/State and Zip Code		
	E-mail address: (	o be used for future annual report notification)		
For further information co	oncerning this matter, please co	all:		
KATHERINE LEWIS, C	PA. ESQ	352 406-2351	2021	ter ED. A
Name of	Person	Area Code Daytime Telepho	one Number 20 PH 33 October 1997 Sept. 1997	الله الله الله الله الله الله الله الله
Enclosed is a check for the	e following amount:		2	= 1
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, To Certificate of Stafus & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DAENERYS ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 6/20/2016 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L16000118080 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TAX ACES LLC The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 familiarly ith 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

(2)

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
AMBR	BONNY BOWYER	1645 E HWY 50 SUTTE 202	
		CLERMONT, FL 34711	<b>≡</b> Remove
			□Change
			Change
			□Add
			□Remove
			□Change
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	SINESS CONSULTING		
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	NOVEMBER 14	2023	
ated			
		Latherine L'Lewis	

Filing Fee: \$25.00