Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H200002128613)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & R TAX ADVISORS LLC

Account Number : I20200000057 Phone : (786)857-6652

Fax Number : (786)204-3320

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

Email Address: Jannett O Intax Advisors ic

LLC REGISTERED AGENT CHANGE 800 CLAUGHTON DRIVE, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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TO:	Regi Divi:	stration Se sion of Cor	ction porations			
SUBJEC	T:	800 CLAU	GHTON DRIVE, LLC			
	•		Name of Lir	nited Liability Company		
The encle	osed	Articles of .	Amendment and fee(s) are sul	bmitted for filing		
			ndence concerning this matter			
			Jaunett Rodriguez			
				Name of Person		_
			H&R Tax Advisors LLC			
				Firm/Company		-
			12741 SW 38 Terr			
				Address		-
			Miami, FL 33175			
				City/State and Zip Code		-
			jannett@hrtaxadvisors.com			
				to be used for future annual rep	port notification)	
For furthe	r info	ormation co	ncerning this matter, please co	all:		
Jaunett A	Rod	rigue?		786 857-6	6252	
		Name of	Person		Daytime Telephone Number	r
Enclos e d i	is a c	heck for the	: following amount:			
\$25.04	0 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	al) Certified	ite of Status &

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

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

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PAGEL ALICHTONISSING ALC

(11 11 LUNG 1 4001 - 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

500 CLAUGHTON DRIVE, LLC				
(Name of the Lin	(A Florida Limited)	ny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Florida document number L17000053239				ssigned
This amendment is submitted to amend the fo	llowing:			
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 Liabii	ity Company," the designation "LLC"	or the abbreviation "	I I C "
Enter new principal offices address, if appl		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX)</i>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	oddress on our records, <u>enter t</u> l	ne name of the ne	w registered
Name of New Registered Agent:	H&R Tax Advi	sors LLC		<u>- 7</u>
New Registered Office Address:	12741 SW 38 T	err		±3 ·
		Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
	Miami	, Flor	lda <u>33175</u>	<u> </u>
		City	7.5 (1)	_ ·

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 Changing Registered agent Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

(((H 20000 21286/ 5)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
			Change
			DAdd
		·	□Remove
			□ Change
			🗆 Add
			©Remove
			Change
			□Add
			DRemove
			□ Change
			🖸 Add
			□Remove
			□ Change
	-	•	□Add
			□Remove
			Change

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ective date, if other the effective date is listed, the	ian the date of filin	g:		(optional)	
100 II WIE GOLE PERCHECO	ii miis didek ddes hai i	HCCL HIE ADDINGER	date of filing or more t	han 90 days after tiling.)	Pursuant to 605,0207
cument's effective date of	in the Department of S	tate's records.		in the state of th	will not be listed as
cord specifies a delayed	effective date, but not	an effective time	s, at 12:01 a.m. on th	ie earlier of: (b) The	: 90th day after the
is filed.					-
June 30		2020			
ed	:	· 			
	V V		1. 6		
	V ()	1		~ ·	

Filing Fee: \$25.00

Typed or printed name of signee

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