# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062 Fhone: (323)962-9600 Fax Number: (323)962-3889

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

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARIDIAZ TAX SERVICES LLC

Certificate of Status	0
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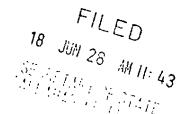
TO:

### **COVER LETTER**

TO:	Registration Se Division of Cor					
CUBIC	CARIDIA	Z TAX SERVICES LLC				
SUBJECT:Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
	101 N. Brand Blvd., 11th Floor					
			Address			
	Glendale, CA 91203					
			City/State and Zip Code			
	caridadduaz1967@gmail.com  E-mail address: (to be used for future annual report notification)					
For flu	ther information of	e-mail address: (		(Editory		
Cheyenne Moscley		800 773-0888 c				
Name of Person		at () Area Code Daytini	e Telephone Number			
Enclos	ed is a check for t	he following amount:				
<b>5</b> 2	5.00 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpo Clifton Huilding 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

To:

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CARIDIAZ TAX SERVICES LLC (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 Company were filed on  $\underline{07/31/2017}$ and assigned Florida document number L17000162350 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4302 Hollywood Blvd. #1018 Enter new principal offices address, if applicable: Hollywood, FL 33021 (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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>`itle</u>	<u>Name</u>	Address	Type of Ac
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	ET L
Dated 06/20/30/8	8 1
( aridral Lean	
Signature of a member or authorized representative of a member	5
Caridad Diaz	
Typed or printed name of signee	

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Filing Fee: \$25.00