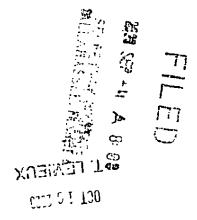
L17000198335

(Requestor's Name)
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COVER LETTER

TO:	Registration S Division of Co			•
SUBJE		DERO TAX TEAM LLC		
o o o o c	Cr	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please t	eturn all corresp	ondence concerning this matter	to the following:	
		SAMMY D CORD	ERO	
			Name of Person	
		CORDERO TAX TI	EAM LLC	
			Firm/Company	
		10691 N KENDALL I	DRIVE SUITE 305	
			Address	
		MIAMI FL 33176		
			City/State and Zip Code	.
		CORDEROTAXTEAN		
., .	1		to be used for future annual report	notification)
		concerning this matter, please ca	all:	
SAI	MMY D CORD		305 528-65	336
	Name	of Person	Area Code Da	ytime Telephone Number
Enclose	d is a check for	the following amount:		·
■ \$25	0.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORDERO TAX TEAM LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on09/25/2017	and assigned
lorida document numberL17000198335		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
he new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the abbi	reviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_	7.7. 77	
inter new mailing address, if applicable:		to receive
Mailing address MAY BE A POST OFFICE BOX)		177
nating datatess MAT BE A FOST OFFICE BOA	32.43	U
_		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered office add gent and/or the new registered office address here: 	ress on our records, enter the name	of the new regis
·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
	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.

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>	Address	Type of Action
MGR	ZONIA M COMAS	15741 SW 137TH CT	
		Miami, Fl. 33177	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effect <u>vote:</u> If		e specific and cannot be prior to k does not meet the applicable		optional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t
record s	specifies a delayed effective d l.	ate, but not an effective time	e, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
ated	AUGUST 19	2020		
	2 %	~		
	- Ecolo em	$\mathcal{M}($		
	Si	gnature of a member or authoriz	ed representative of a member	
		ZONIA M CO	OMAS	
		Typed or printed i	name of signee	

Filing Fee: \$25.00