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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Tax Block LL	<u> </u>	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ent 6	trada Name of Person	
	Tax Bl	Firm/Company	
		Firm/Company	
	1803 W	S Flagler St Address	
		Address	
	Mian	ni FL 33135	
	i	City/State and Zip Code	1
	Taxblock E-mail address: (	City/State and Zip Code  - MiCami & Gimai  to be used for future annual report notif	Carlon)
For further information c	oncerning this matter, please ca		
Gik	Strada	:11 ( <u>786</u> ) <u>703</u> -	0404
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 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 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

	· · · · · · · · · · · · · · · · · · ·
Tax Block LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	
(A Florida Limited Li	ability Company)
e Articles of Organization for this Limited Liability Company v	were filled on 11 08/2017 Small sesioned
orida document number <u>L17060331688</u>	5
orida document number	>
is amendment is submitted to amend the following:	
If any and it is a second and a	8
If amending name, enter the new name of the limited liabil	nty company nere:
A/N	
e new name must be distinguishable and contain the words "Limited Liabilit	·
iter new principal offices address, if applicable:	~/A
rincipal office address MUST BE A STREET ADDRESS)	
	NIL
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	<del></del>
If amending the registered agent and/or registered office acent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
the and/or the new registered office address here.	
	al:.
Name of New Registered Agent:	NIX
New Registered Office Address:	2/6
	Enter Florida street address
	, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Miami FL 33135	□Remove
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