Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000020390 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC Account Number : I20210000128 Phone : (305)244-9500 Fax Number : (954)827-9354

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

C.N.Y. TAX SERVICES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

JAN 19 2024

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CHRICOT.	C.N.Y. TA	AX SERVICES, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		RODRIGO URBINA	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		SUNBIZ ONLIN LLC	
		Firm/Company	
	1401 SAV	WGRASS CORPORATE PK	WY
		Address	
		SUNRISE, FL 33323	
		City/State and Zip Code	
	ROD	RIGO@SUNBIZONLINE.C	PRG
	E-mail address: (to be used for future annual repo	ort notification)
For further information co	oncerning this matter, please c	all:	
RODRIC	GO URBINA	305 at ()	244-9500
Name of	f Person	Area Code I	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Addre</u> Registratio	
Division of C	orporations	Division o	f Corporations
P.O. Box 632	7	The Centre	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.N.Y. TAX SERVIC	ES. LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our rollity Company)	ecords.)			
The Articles of Organization for this Limited Liability Company we	ere filed on12	V27/2017	ana	d assig	gned
Florida document numberL17000262816					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	y company here:				
CNY UTMOST MULTI-S	SERVICES, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the	abbreviatio	on "L.L.	C."
Enter new principal offices address, if applicable:	· 	N/A			
(Principal office address MUST BE A STREET ADDRESS)			·· ·-··, ·-		
-					
Enter new mailing address, if applicable:		N/A			
•					
(Mailing address MAY BE A POST OFFICE BOX)	······································				
-					
B. If amending the registered agent and/or registered office add	ress on our records, e	nter the na	ැද me of th	e Figure	registere
agent and/or the new registered office address here:	· -		: : :	ďľ.	بديد ،
			<u> </u>	Ž	
Name of New Registered Agent:	N/A		<u> </u>	<u>ස</u>	i.
New Registered Office Address:			·슬유	AM	777
New Registered Office Address.	Enter Florida street a	ddress	——————————————————————————————————————	=======================================	
		, Florida	- A	Ŧ	
	City	_, . 101104 _	Zin (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 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
N/A	N/A	N/A	□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			Петоvе
			☐ Change
			□Add
			Remove
			Change
****			□Add
			□ Rетюvе
			□ Change

N/A	
-	
	
Maetica dat	a if other than the data of filing.
an effective di	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
ocument 2 ci	rective date on the Department of State's records.
	The state of the s
record specii is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ata d	JANUARY 15 2024
ated	101
	Signature of a member or authorized representative of a member
	CLAUCES YACINTHE

Filing Fee: \$25.00