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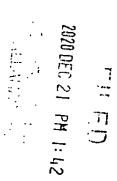
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ZdA. 2/1/21

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
C14 145 445 2700	TAX DAN, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DANIEL	URIEL				
	Name of Person					
TAX DAN LLC						
Firm/Company						
	7765 NW 48 Street #240					
	DORAL, F	F1. 33166				
		City/State and Zip Code				
		ILLC@GMAIL.COM				
		to be used for future annual report noti-	lication)			
For further information of	concerning this matter, please co	all:				
DANIEL URIEL		at (305) 439-7246				
Name of Person		at (305) 439-7246 Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he 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 Addre		Street Address:	ation			
Registration Division of C		Registration Sec Division of Cor				
Division of Corporations P.O. Box 6.327		The Centre of T	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX DAN, LEC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommited Liability Company)	eords_)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on04/30/201	8 and assigned	
lorida document numberL18000107692	·		
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limite	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."	
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u></u>		
		20 D.	
Inter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		21	
		89 - 7	
		こり	
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	office address on our records, ent	ter the name of the new regis	
Name of New Registered Agent:	***		
New Registered Office Address:			
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DANIEL J URIEL	7765 NW 48 Street #240 DORAL, FL 33166	
			Remove
			□Change
MGR	DANIEL J URIEL	2423 NW 97TH AVE DORAL, FL 33172	□Add
			⊠Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change

	TO AMBR- AUTHORIZED MEMBER.
•	
,	
iote:	tive date, if other than the date of filing:
reco d is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
)atec	DECEMBER 18 . 2020

Filing Fee: \$25.00