## 118000193072

(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:

Office Use Only



600318452296



09/21/18--01008--013 \*\*25.00

FILED

18 SEP 21 PM 1: 21

SIGNERAGE OF STATE

SEP 22 7018 T SCHROEDFR

## **COVER LETTER**

	Registration Se Division of Cor			
SURJFC"				
JODULO		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		JASMINE RODRIGUEZ		
		Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for fitting.  correspondence concerning this matter to the following:  JASMINE RODRIGUEZ  Name of Person  BEST QUICK TAX RETURNS, INC.  FirmyCompany  320 S BUMBY AVE STE 10  Address  ORLANDO FL 32803  City/State and Zip Code  BQITR@MSN.COM  E-mail address: (to be used for future annual report notification)  mattion concerning this matter, please call:  ORIGUEZ  Name of Person  at (407 Area Code)  Daytime Telephone Number		
		BEST QUICK TAX RET	URNS, INC.	
		CHAW GREEN, LLC.  Name of Limited Liability Company  If Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  JASMINE RODRIGUEZ  Name of Person  BEST QUICK TAX RETURNS, INC.  Firm/Company  320 S BUMBY AVE STE 10  Address  ORLANDO FL 32803  City/State and Zip Code  BOITR@MSN.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  RODRIGUEZ  Name of Person  Area Code  Daytine Telephone Number  It check for the following amount:  It check for the following amount:		
	Firm/Company 320 S BUMBY AVE STE 10  Address			
			Address	
		ORLANDO FL 32803		
		BQITR@MSN.COM	City/State and Zip Code	
			·	cation)
For furthe	r information co	oncerning this matter, please c	all:	
JASMINE	RODRIGUE	Z		
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.06	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number L18000193072	Liability Company were filed on 08/13/20	and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	Po -
	<del></del>	
		THE P
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	- PH 11
		95 =
. If amending the registered agent and egistered agent and/or the new registered o	or registered office address on our refice address here:	ecords, enter the name of the
Name of New Registered Agent:	CESAR HENRIQUE AFFONSO WARE	D
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHAW GREEN LLC

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>	<u>Address</u>	Type of Action
MGRM	CESAR HENRIQUE AFFONSO WARD	7240 WESTPOINTE BLVD	
		1120	<b></b>
		ODLANDO EL 22825	Remove
		ORLANDO FL 32835	Change
			☐ Remove
			Change
			₹c
			Add
			SEP Remove
			441. — I
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
		<u></u>	2 - Add
		<del></del>	
			Remove
			П О
			Change
			Remove
			Change
		<del></del>	
			U Kentove
			Change

. If amending any other information.	ge(o) never (,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			<del></del>
			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
			<del></del>
<del></del>			<del></del>
<del> </del>	··· ·· · · · · · · · · · · · · · · · ·		
			<del></del>
		7A 18	
		LITHE CHART	Ti
		321 388	-
		. 'C	TI
		SAIE DERIC	
		Çiy	
Effective date, if other than the da	ate of filing: e specific and cannot be prior to date of filing	(optional)	(0.5.03.03
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory	filing requirements, this date will not be	o 605.0207 e listed as
the record specifies a delayed e ) The 90th day after the recor	effective date, but not an effecti d is filed.	ve time, at 12:01 a.m. on the e	arlier of
Dated AUGUST 15	2018		
Direct	TOWAL A	>	
	(Stitutes		
Sı	gnature of a member of authorized represent	auve of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00