118000289021

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

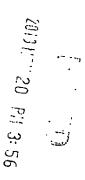
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R. WHITE DEC 1 7 2019

COVER LETTER

TO:		tion Section of Corporations	
SUBJE		'MAN-WOODWARD TAX SERVICES LLC	
SOBJE	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company	
The enc	losed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all co	orrespondence concerning this matter to the following:	
		Andreas R. Perdicaris	
		Name of Person Hayman Woodward Tax Services LLC	
		Firm/Company 801 Brickell Avenue, Suite 1500	
		Address Miami, Fl. 33131	
		City/State and Zip Code victoria.campos@haymanwoodward.com	
		E-mail address: (to be used for future annual report notification)	
For furth	ter informat	ttion concerning this matter, please call:	
Ana Vic	toria Camp	Jame of Person Area Code Daytime Telephone Number	
		7 dea Code Baytine reseptione Number	
Enclosed	l is a check	for the following amount:	
\$25.0	00 Filing Fo	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

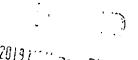
MAILING ADDRESS:

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**



HAYMAN-WOODWARD TAX SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Comp	any were filed on 12/17	⁷ /2018 ————————————————————————————————————	and assigned
Florida document number L18000289027	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u> o	of the limited l	iability company here	<u>:</u>	
N/A				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRES</u> S	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
C C	• • •		our records, <u>enter</u>	the name of the r
Name of New Registered Agent:	office address		our records, <u>enter</u>	the name of the r
registered agent and/or the new registered (office address	here:	our records, enter	the name of the r
	office address	here: Enter Florida		

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Andreas R. Perdicaris	801 Brickell Ave, Suite 1500	
		Miami, Fl.	
			Remove
		33131	
	Alexandre Carlos Rovai	801 Brickell Avenue, Suite 1500	□ Change
MGR	Alexandre Carlos Royal		⊟ Add
		Miami, Fl	B //dd
			☐ Remove
		33131	
			☐ Change
MGR	Elizabeth G. Latorre	801 Brickell Avenue, Suite 1500	
NGK			
		Miami, Fl	
			Remove
		33131	
			Change
			.□ Add
			O Xdd
			☐ Remove
			Change
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			☐ Change

					
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ective date, if other than the effective date is listed, the date mus	date of filing:	be prior to date of t	iling or more than 90 a	_ (optional) lays after tiling) Pursua	at to 605 ()
e: If the date inserted in this bl	ock does not meet the	e applicable statu			
ument's effective date on the D	epartment of State 8 i	records.			
record specifies a delayed	l effective date. I	out not an effe	ective time lat 1	2:01 a.m. on the	o earlier
he 90th day after the rec			200110 0000		2 241101
November 15th	2019) 			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee