

L19000121842

(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



200401242892

01/27/23--01017--004 **25.00

FILED
2023 7 19 50
SECURITY
FALL RIVER, SEATTLE, IDA

COVER LETTER

TO: Registration Section
Division of Corporations
MAMBO CAR KING, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFREDO MERCADO

Name of Person

PRIME TAX SOLUTIONS LLC

Firm/Company

50 N LAURA ST STE 2500

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

FREDO@PRIMETAXJAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
2023 JUL 20 PM 3:50
TALLAHASSEE, FL 32303
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAMBO CAR KING, 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 Liability Company were filed on 05/06/2019 and assigned
Florida document number L19000121842.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

212 BROOKFALL DR
SAINT AUGUSTINE, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

212 BROOKFALL DR
SAINT AUGUSTINE, FL 32092

FILED
2023
7
JUN
20
ST. AUGUSTINE
FLA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PRIME TAX SOLUTIONS LLC

New Registered Office Address:

50 N LAURA ST STE 2500

Enter Florida street address

JACKSONVILLE

Florida 32202

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GRULLON, WILLIAM H	212 BROOKFALL DR	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRULLON, YADHIRA	81 TINTAMARRE DRIVE	<input type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

JANUARY 16 2023

Dated _____

Typed or printed name of signee

FILED
2023 JUL 7 11 00 AM
SEC
FALL, MA SEPT 10
IDA