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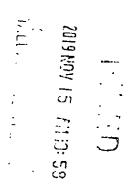
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## **COVER LETTER**

TO:		istration Section of Corp			
er (an Tre	cu.	TAX INVES	TMENT GROUP LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspon	dence concerning this matter	to the following:	
			JOSEPH, LUCSON		
			TAX INVESTMENT GRO	Name of Person DUP LLC	
			3608 w davie blvd	Firm/Company	
			FORT LAUDERDALE FL	Address . 33312	
				City/State and Zip Code	
				to be used for future annual report notif	ication)
For furtl	her in	iformation cor	icerning this matter, please ca	ail:	
JOSEPI ———	I, LU			954 2785043 at ()	
		Name of I	Person	Area Code Daytime	: Telephone Number
Enclose	d is a	check for the	following amount:		
■ \$25.	.00 F	iling 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:

TO:

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

TAX INVESTMENT GROUP LLC		<u> </u>	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{9}{4}$ .	<u>  201<b>9</b> </u>	and ass	signed
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 ab	breviation "L	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
		the name	of the new
B. If amending the registered agent and/or registered office address on our reregistered agent and/or the new registered office address here:	; ;	DV 15	Transaction of the second
Name of New Registered Agent:			***************************************
New Registered Office Address:  Enter Florida street	address	<u>- €</u>	
	, Florida		
City		Zıp Cod	t <sup>e</sup>

## 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>	Type of Action
MGR	JEAN ALTIDOR	3030 SW 1ST ST FORT LAUDERDALE FL 33312	⊒ Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			_ □ Add
			Remove
			Change
			☐ Remove
			Change
<u> </u>			□ Add
			□ Remove
			Change

26 11 dille	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	10/21/2010
(If an eff <u>Note:</u>	ive date, if other than the date of filing:
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	Cirlo be 1 21/2019  Additional of a member of authorized representative of a member
	LUCSON Tocson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00