

L19 000224359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

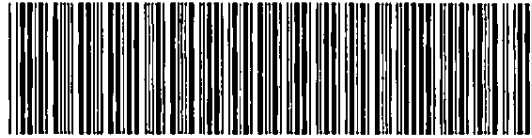
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 13 2020

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NOV 17 2020

2020 OCT 13 PM 5:00

FILED

NOV 17 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAX INVESTMENT GROUP LLC

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:

VILSAINT ST. LOUIS

Name of Person

TAX INVESTMENT GROUP LLC

Firm/Company

3606 DAVIE BLVD

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

VTAXPREPGROUP@GMAIL.COM

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

For further information concerning this matter, please call:

VILSAINT ST LOUIS

954 380-0729  
at ( )  
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

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

TAX INVESTMENT GROUP 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 10/06/2020

Florida document number L19000224359

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 "L.L.C."

Enter new principal offices address, if applicable:

3606 DAVIE BLVD

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE FL.33312

Enter new mailing address, if applicable:

3606 DAVIE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE FL.33312

**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:

VILSAINT ST LOUIS

New Registered Office Address:

3606 DAVIE BLVD

*Enter Florida street address*

FORT LAUDERDALE

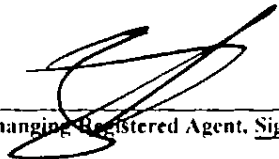
*City*

Florida 33312

*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>
P	JOSEPH, LUCSON		<input type="checkbox"/> Add
		3030 SW 1ST ST FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALTIDOR, JEAN		<input type="checkbox"/> Add
		3030 SW 1ST ST FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	VILSAINT ST. LOUIS	3606 DAVIE BLVD FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARELYS AVILES	3606 DAVIE BLVD FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	TAX INVESTORS		<input type="checkbox"/> Add
		3608 DAVIE BLVD FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated

10/6

20

Signature of a member or authorized representative of a member

VILSAINT ST LOUIS

Typed or printed name of signee

**Filing Fee: \$25.00**