Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Jessica: tomos@tarcarcinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARIA PALETA LLC

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COVER LETTER

	Registration Sec Division of Corp				
CUD IF CO	MARIA PA	LETA LLC			
SUBJECT	l:	Name of Limi	ted Liability Company		
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retu	um all correspon	ndence concerning this matter	to the following:		
		JESSICA TORRES			
			Name of Person		
		TAX CARE			
			Firm/Company		
	1400 NW 107TH AVE STE 203				
			Address	29 95	
		SWEETWATER FL 33172	2	65 a35 l	
			City/State and Zip Code	इन्	
		jessica.torres@taxcareinc.co		=======================================	
		E-mail address: (to be used for future annual report notification)	EM II: 12	
For furthe	er information c	oncerning this matter, please of	all:	~	
JESSICA	TORRES		786 845-8854 at ()		
	Name o	f Person	Area Code Daytime Telephone Number	-	
Enclosed	is a check for th	ne following amount:			
≅ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &	
	Mailing Addres Registration S		Street Address: Registration Section		
	Division of C		Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 SE 27 FAIL 12 MARIA PALETA 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 12/11/2019 and assigned Florida document number L19000301820 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." 8420 DEL LAGO CIRCLE Enter new principal offices address, if applicable: **UNIT 103** (Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 18106 8420 DEL LAGO CIRCLE Enter new mailing address, if applicable: **UNIT 103** (Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 18106 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:

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

New Registered Office Address:

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.

Enter Florida street address

. Florida

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

Title	Name	Address	Type of Action
			DAdd
			Петоче
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			□Remove
			□ Change
			DAdd
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(If an effe	ve date, if other than the date of filing:
	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 ed.
ord is file	
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