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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Con			
TAX GIRL	., LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andra Zachow		
		Name of Person	
		Firm/Company	
	9670 107th Ave N		
		Address	
	Largo, FL 33773		
		City/State and Zip Code	
	andra@ingallsepa.com	to be used for future annual report no	ntification)
For further information of	concerning this matter, please c		
Andra Zachow		727 327-0406	
Name o	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	Continu
Registration Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAX GIRL, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on 01/02/2020	and assigned
lorida document number L20000009487	 ·	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
IURIEL PROPERTIES, LLC		
e new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	
nter new principal offices address, if applicable:		2020 SES
Principal office address MUST BE A STREET ADD.	RESS)	
		\$ d = =
		SSE TO
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		est
If amending the registered agent and/or registere ent and/or the new registered office address here:		name of the new regist
ent did of the new regime to differ the new re		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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>	Address	Type of Action
. <u>. </u>			□Add
			□Remove
			☐ Change
			□Add
		* ***	□Remove
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Iffective date, if other tha	te must be specific a	ind cannot be price	or to date of filing	or more than 90 d	_ (optional) ays after filing.)	Pursuant to	605,0207 (listed as t
Note: If the date inserted in t	the Department of	f State's record	S.	ming requireme	ms. tims time		
<u>Note:</u> If the date inserted in t locument's effective date on						Ofth days	ifter the
Note: If the date inserted in to locument's effective date on record specifies a delayed of dis filed.	fective date, but n	ot an effective	time, at 12:01 a	i.m. on the earlic	er of: (b) The	zoni day i	
locument's effective date on record specifies a delayed ef		oot an effective	time, at 12:01 a	i.m. on the earlic	er of: (b) The	Zoni daly e	
locument's effective date on record specifies a delayed ef d is filed.	Q3-1	· 2020		i.m. on the earlic		Zoni daly e	

Filing Fee: \$25.00