Division of Corporations Electronic Filing Cover Sheet

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(((H20000082369 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (888)772-8108

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

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Electronic Filing Menu

Corporate Filing Menu

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To: SUNBIZ LLC Page 3 of 5

2020-03-12 17:24:07 (GMT) ARTICLES OF ANIENDMENT TO ARTICLES OF ORGANIZATION OF

PERROMARA CA LLC			
(Name of the Limited)	Jability Company as it now appears of Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L20000041817</u>	lity Company were filed on 02/04/	/2020	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	mation "LTC" or the nb	hreviation J.L.C."
Enter new principal offices address, if applicable	e:		10 Pl TI
Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	N. T.
			= 1
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BC	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic	-	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent.	TAXLEAF PEMBROKE PINES LLC		
New Registered Office Address: 652 NORTH UNIVERSITY			
		struet address	22024
	PEMBROKE PINES	, Florida	33024 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, Senature of New Registered Agent

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18887728108 From: Mike Natarus

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MUNOZ SUAREZ, RAFAEL D	9331 W 33RD WAY	
		HIALEAH, FL 33018	⊠ Remove
MGR	MUNOZ BERMUDEZ, OMAR R	9331 W 33RD WAY	
		HIALEAH, FL 33018	■ Remove
			☐ Change
MGR TAXLEAF PEMBROKE PINES LLO	TAXLEAF PEMBROKE PINES LLC	652 N UNIVERSITY DR	<u>□</u> ⊠ Add
	PEMBROKE PINES, FL 33024	☐ Remove	
			Change
			Remove
			Change
			Change
			Add
			Remove
			Change

Typed or prilited name of signee

RAFAEL D MUNOZ SUAT