

5/8/24, 1:31 PM

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Division of Corporations

**L2000014679**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305)527-6617  
Fax Number : (786)713-1940

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

Email Address: \_\_\_\_\_

RECEIVED  
2024 MAY -8 PM 4:58  
TALLAHASSEE, FL

RECEIVED

2024 MAY -8 PM 2:15

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAAL CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAAL CONSULTING 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 04/29/2020 and assigned Florida document number L20000114679

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:

121 CRANDON BOULEVARD, APT 6 351

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAYNE FL 33149

Enter new mailing address, if applicable:

121 CRANDON BOULEVARD, APT 6 351

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAYNE FL 33149

2024 MAY -8 PM 1:58 FILED STATE OF FLORIDA TALLAHASSEE, FL

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:

TAX UNION LLC

New Registered Office Address:

2800 GLADES CIRCLE, STE 105

Enter Florida street address

WESTON

Florida 33327

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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

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

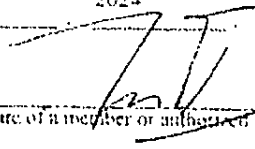
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.6297 (3)(b)

**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 APRIL 15TH

2024



Signature of a member or authorized representative of a member

MATIAS FRAGA

Typed or printed name of signer

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