

H24000060213

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000198874

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((H24000060213 3))



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

From: Account Name : CITI TAXES LLC  
 Account Number : I20230000131  
 Phone : (305)803-4427  
 Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION**  
**ARMANDO TAXES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$61.25

RECEIVED

FEB 13 PM 1:27

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
 2024 FEB 13 AM 9:56

FILED

### COVER LETTER

H24000060213

TO: Registration Section  
Division of Corporations

SUBJECT: ARMANDO TAXES, 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

ARMANDO VASQUEZ

Name of Person

CHITAXES LLC

Firm/Company

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City/State and Zip Code

Gimiyelix@gmail.com

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

For further information concerning this matter, please call

ARMANDO VASQUEZ      305      803-4427  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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)
- \$50.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000060213

ARMANDO TAXES 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 07-10/2020 and assigned Florida document number L20000198874

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE RING GROUP LLC

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:

3403 NW 82nd AVE SUITE 101A

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33122

Enter new mailing address, if applicable:

3403 NW 82nd AVE SUITE 101A

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33122

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:

MIREYA LOZADA

New Registered Office Address:

3403 NW 82nd AVE SUITE 101A

Enter Florida street address

DORAL

Florida

City

FILED 2024 FEB 13 AM 9:56 SECRETARY OF STATE TALLAHASSEE FL 33122

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.

Mireya Lozada (Handwritten Signature)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARMANDO VASQUEZ	5721 NW 112th AVE APT 108	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIREYA LOZADA	3403 NW 82nd AVE STE 101A	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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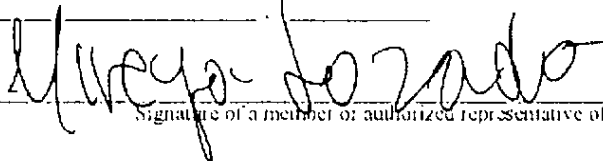
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 605.0207 (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 FEBRUARY 13, 2024



Signature of a member or authorized representative of a member

MIREYA LOZADA

Typed or printed name of signer

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Filing Fee: \$25.00