

Division of Corporations Electronic Filing Cover Sheet

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(((H210003013303)))



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To:

Division of Corporations

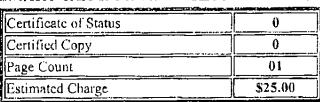
Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20198000044 : (407)888-3131 Fax Number : (888)453-0509

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART TAX & FINANCE KISSIMMEE LLC



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Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Con						
	AX & FINANCE KISSIMME					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JAVIER O MONTES					
		Name of Person				
		Firm/Company	2021 A			
	2621 SIMPSON RD		2021 AUG 10 AM 10: 17			
		Address				
	KISSIMMEE, FL 34744					
		City/State and Zip Code	77			
		(to be used for future annual report not	ification)			
For further information of	oncerning this matter, please of	call:				
JAVIER O MONTES		407 780-3795 at ()				
Name o	f Person	Area Code Duytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART TAX & FINANCE KISSIMMEE 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 Plorida document number L20000292782 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SECURED TAX & FINANCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Q.C." A STEET ADDRESS) Enter new principal office address, if applicable: (Principal office address MAY BE A POST OFFICE BOX) 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 __

MGR = Manager

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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:

AMBR = Authorized Member Type of Action Address **Title** Name ____ Change Change □Remove

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ocument's effective date on the	e Department of S	State's records	•			
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	Signature of a r	member or auth	orizea representa	tive of a member		