L20000369917

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COVER LETTER

TO: Registration Section

Division of Corporations

	SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	ALEJANDRO T QUINTA	·ΝΛ	
		Name of Person	
	INCOME TAX FLORIDA	. LLC	
		Firm/Company	
	12991 SW 133rd TERRAC	CE	
		Address	
	MIAMI/FLORIDA/33186	-6965	
	-	City/State and Zip Code	
	alex.quintana@itaxflo.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
ALEJANDRO T QUIN	ITANA	786 7581176	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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 Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RERI	FT	SERVICES	11	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(3 · 1 · 2/	
The Articles of Organization for this Limited Liability Company v	vere filed on NOVEMBER 23, 2020	and assigned
Florida document number L20000369917		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I.I.C" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name	e of the new registered
Name of New Registered Agent:		<u> </u>
N D : 100 All		
New Registered Office Address:	Enter Florida street address	_
	Florida	
-	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for covided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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
MGR	DANIEL RUANO	14868 SKIP JACK LOOP, SARASOTA FL	= Add
			□Remove
			□Change
MGR	ALEJANDRO T QUINTANA	12991 SW 133rd TERRACE, MIAMI FL	🗆 Add
			Remove
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
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			OCTOBER	2 2024			_	
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cument's	effective date on the De	epartment of St	ate s records	•				
	cifies a delayed effectiv	e date but not :	an effective t	ime, at 12:01	a.m. on the e	arlier of: (b)	The 90th day afte	r the
ecora spe is filed.	emes a delayed effective	c date, the not		,				
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			/ 1	1		J		
ated		Signature of a n	center or hut	norized repres	ntative of a me	n)er		
zated <u> </u>	ALEJANDRO T QUIN		homber or hutl	norized repress	entative of a me	nyer		

Filing Fee: \$25.00

COVER LETTER

Section orporations		
SERVICES LLC		
Name of Lim	ited Liability Company	
f Amendment and fee(s) are sub	mitted for filing	
	-	
ALEJANDRO T QUINTA	.NA	
	Name of Person	
INCOME TAX FLORIDA	, LLC	
	Firm/Company	
12991 SW 133rd TERRA	CE	
	Address	
MIAMI/FLORIDA/33186	-6965	
	City/State and Zip Code	
alex.quintana@itaxflo.com		
E-mail address: (to be used for future annual report notification)	
concerning this matter, please ca	all:	
NTANA	786 7581176	
of Person	Area Code Daytime Telephone Number	•
the following amount:		
□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
	Street Address: Registration Section	
Corporations	Division of Corporations	
	SERVICES LLC Name of Lim of Amendment and fee(s) are subsequence concerning this matter ALEJANDRO T QUINTA INCOME TAX FLORIDA 12991 SW 133rd TERRAC MIAMI/FLORIDA/33186 alex.quintana@itaxflo.com E-mail address: (concerning this matter, please concerning this matter, please contents of Person the following amount: \$30.00 Filing Fee &	SERVICES LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. Dondence concerning this matter to the following: ALEJANDRO T QUINTANA Name of Person INCOME TAX FLORIDA, LLC Firm/Company 12991 SW 133rd TERRACE Address MIAML/FLORIDA/33186-6965 City/State and Zip Code alex.quintana@itaxflo.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: NTANA 786 7581176 at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202405 SL

SERLET SERVICES 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 Florida document number L20000369917	•	NOVEMBER 23, 2020	and assigned
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the l	imited liability compan	y here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," 1	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		or records, enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
		, Florida	
	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
MGR	DANIEL RUANO	14868 SKIP JACK LOOP, SARASOTA FL	🗃 Add
			□Remove
			□ Change
MGR	ALEJANDRO T QUINTANA	12991 SW 133rd TERRACE, MIAMI FL	□ Add
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	•		F) Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 dis filed.			<u> </u>				.
OCTOBER 2, 2024 (aptional) If an effective date, if other than the date of filing: (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 605.02 tote: (b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed incomment's effective date on the Department of State's records. (c) 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 limit of the listed listed.			•				
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Filing Fee: \$25.00