L20000386340

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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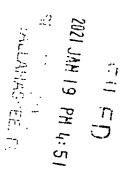
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|----------------|------------------------------|--|---|--------------------------------|---|
| SUBJECT: | TUÇHART | | | | <u> </u> |
| | | Name of Lim | ited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspoi | ndence concerning this matter | to the following: | | |
| | | CORINA A. SMITH | | | |
| | | | Name of Person | _ | |
| | | TAXCARE SOUTH MIA | МІ | | |
| | | - | Firm/Company | | <u>-</u> |
| | | 1400 NW 107TH AVENU | E SUITE 203 | | |
| | | | Address | | |
| | | MIAMI, FL 33172 | | | |
| | | CODINA SMITHOTANO | City/State and Zip Co | ode | |
| | | CORINA.SMITH@TAXCA | to be used for future ann | ual report notifica | tion) |
| For further in | formation co | oncerning this matter, please ca | all: | | |
| CORINA A. | SMITH | | 786 | 647-5866 | |
| | Name of | Person | Area Code | Daytime To | elephone Number |
| Enclosed is a | check for the | e following amount: | | | |
| ■ \$25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing For Certified Copy (additional copy is | | S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclose |
| | ling Address distration S | | | : Address: stration Section | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records ited Liability Company) | |
|--|---|------------------------------|
| The Articles of Organization for this Limited Liability Comp Florida document number L20000386340 | any were filed on 12/10/2020 | and assigned |
| 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 I | .iability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | 0 | |
| | | 002 |
| Enter new mailing address, if applicable: | | JAN |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 5 |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, <u>enter t</u> | he name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | |
| | Cip | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

TUCHARTER 56 LTC

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 | JUAN I. IZQUIERDO SCHEMEL | 1400 NW 107TH AVENUE SUITE 203 | □Add |
| | | MIAMI, FL 33172 | =Remove |
| | | | □Change |
| MGR | ANDRES E. SALAMI FURRER | 690 SW IST CT | = Add |
| | | MIAMI, FL 33130 | □Remove |
| | | | □Change |
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| n effective do ote: If the d | e, if other than the te is listed, the date mus ate inserted in this blo fective date on the Do | the specific and ea ock does not med | annot be prior to o et the applicabl | date of filing or n | iore than 90 day. | optional) safter filing.) Purs s, this date will | suant to 605.0207 not be listed as |
| ecord specif is filed. | ies a delayed effective | date, but not ar | ı effective time | e, at 12:01 a.m. | on the earlier | of: (b) The 90t | h day after the |
| ted | ARY, 15TH | | 2021 | | | | |
| | - | Stopardire of a me | mber or authoriz | ed representative | of a member | | |
| •, . | | - ' | | • | | | |
| JU | AN 1. IZQUIERDO S | | yped or printed r | | | | |

Filing Fee: \$25.00