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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROSENBLUM TAX LAW PLLC

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M. SULUMUIA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosenblum Tax Law PLLC		
(Name of the Limited Lightlity Compa (A Florida Limited L	ny a <u>s it now appears on our rec</u> lability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 01/06/2021	and assigned
Florida document number L21000003763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	202
		7
Enter new mailing address, if applicable:		무슨 투
(Mailing address MAY BE A POST OFFICE BOX)		
		000
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		Florida
	City	Zıp 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Tara Rosenblum	1190 Reserve Way #203, Naples, FL 34105	\BAdd
			□Remove
			□Change
	·		□Add
			□Remove
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			— <u>C</u>
Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or does not meet the applicable statutory fil rtment of State's records.	(optional) more than 90 days after filing.) Pursuant to ling requirements, this date will not be	605.0207 (3 listed as th
e record specifies a delayed effective d rd is filed.	ate, but not an effective time, at 12:01 a.m.	i. on the earlier of: (b) The 90th day s	ulter the
Dated February 24	2021		
	nature of a member of authorized representation	ve of a member	
Marie Heitzman, Attorney-		e of a member	

Filing Fee: \$25.00