

1/21/2021

Division of Corporations

L21000015538

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000028473 3)))



H210000284733ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAX CARE DORAL
Account Number : I201900000008
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: jessica.torres@taxcareinc.com

2021 JAN 21 AM 11:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROUVER DESIGN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 JAN 21 PM 3:19

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED
JAN 22 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TROUVER DESIGN 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:

JESSICA TORRES
Name of Person
TAX CARE MIAMI BEACH
Firm/Company
1111 LINCOLN RD STE 500
Address
MIAMI BEACH FL 33139
City/State and Zip Code
JESSICA.TORRES@TAXCAREINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA TORRES at 786 845-8854
Name of Person Area Code Daytime Telephone Number

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)
- \$60.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TROUVER DESIGN 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 JANUARY 20, 2021 and assigned Florida document number L21000015538.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1966 NE 201ST STREET

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33179

Enter new mailing address, if applicable:

1966 NE 201ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33179

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 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

FILED
2021 JAN 21 AM 11:46
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NATHALIA RESNIK	1966 NE 201ST STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

