

H210001896263

Armando Vasquez
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ARMANDO TAXES LLC
Account Number : I2020000170
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: ARMANDO@ARMANDOTAXES.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAWN CARE PLUS LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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May 13, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAWN CARE PLUS LLC
2300 NW 97TH AVE APT A104
MIAMI, FL 33165

SUBJECT: DAWN CARE PLUS LLC
REF: L21000020725

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What name and changes are you making for the officers page of the application?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

FAX Aud. #: H21000189626
Letter Number: 221A00010058

P.O BOX 6327 -- Tallahassee, Florida 32314

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: DAWN CARE PLUS 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:

ARMANDO VASQUEZ
Name of Person

ARMANDO TAXES LLC
Firm/Company

5721 NW 112TH AVE APT 108
Address

DORAL, FL 33178
City/State and Zip Code

ARMANDO@ARMANDOTAXES.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

ARMANDO VASQUEZ
Name of Person

at (305) 803-4427
Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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

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DAWN CARE PLUS 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 01/22/2021 and assigned Florida document number L21000020725

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:

2300 SW 97TH AVE APT A104

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33165

Enter new mailing address, if applicable:

2300 SW 97TH AVE APT A104

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33165

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TALLAHASSEE FL

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:

YURELIS AURORA RAMOS

New Registered Office Address:

2300 SW 97TH AVE APT A104

Enter Florida street address

MIAMI

City

Florida

33165

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

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	YURELI AURORA RAMOS	2300 SW 97TH AVE APT A104	<input type="checkbox"/> Add
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