L21000022075

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2023 NOV -1 AH 8: 00 SECHLABASSEE, FL

COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor	ection porations	*s.				
		estment of Florida, LLC					
SUBJE	CCT:	Name of Lin	nited Liability Company	•			
The on	alogad Amialan of	Amendment and fee(s) are sub	amitted for filing				
		ondence concerning this matter	-				
		Maridalia Berrios-Morale:	s				
			Name of Person				
		Tax American-O. LLC					
			Firm/Company	_			
		10766 S US Hwy #1					
			Address	_			
	207 SE						
		maridalia@taxamericano.c	City/State and Zip Code	2023 HOV - 1			
		=	(to be used for future annual report notification)	三			
For fur	ther information o	concerning this matter, please of	rall:	AH 8: 00			
Maridalia Berrios-Morales			954 655-9600	B: OI STAT			
	Name o	f Person	Area Code Daytime Telephone Numb	er rri O			
Enclose	ed is a check for t	he following amount:					
■ \$25.00 Filing Fee & Certificate of Status			Certified Copy Certific (additional copy is enclosed) Certific	0.00 Filing Fee, ertificate of Status & ertified Copy ditional copy is enclosed)			
	Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	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

Taurus Investment of Florida, LLC			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it no orida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liabili Florida document number <u>L2100022075</u>	ty Company were file	ed on 12/20/2020	and assigned
This amendment is submitted to amend the following	ā.		
A. If amending name, enter the new name of the	limited liability com	ipany here:	
N/A			
The new name must be distinguishable and contain the words	Limited Liability Compa	iny." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u>N/A</u>		
(Principal office address MUST BE A STREET AL	ODRESS)		9023 17.
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			STATE 00
B. If amending the registered agent and/or regist agent and/or the new registered office address he		on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent: N	/A		
New Registered Office Address:		Enter Florida street address	
		. Florid	la
_	City	, 110110	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 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				
AMBR	Stella Lopez Arias	1000 Brickell Plaza, PH-5608	ŒAdd				
		Miami, FL 33131	□ Remove				
			□Change				
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ctive date, if other than the	a data af filing:	tober 26th, 2023		(optional	l)	
effective date, if other than the effective date is listed, the date must be inserted in this be	ict he specific and canno	ot be prior to date of the	filing or more than 9 tory filing require) days after filin ments, this dat	g.) Pursuant e will not	to 605.0 be liste
ment's effective date on the I	Department of State's	records.	,			
ord specifies a delayed effecti	ve date, but not an ef	fective time, at 12	:01 a.m. on the ea	rlier of: (b)	The 90th da	ay after
filed.						
October 26	20	23				
ed October 20	··	· ·				
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Filing Fee: \$25.00

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