

10/5/21, 11:29 AM

Division of Corporations

L210001001000

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000372023 3)))



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To:

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

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

****Enter the email 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
MENTAL COOP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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S. PRATHER

2021 OCT -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2021 OCT -5 PM 1:42

Electronic Filing Menu

Corporate Filing Menu

Help

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

MENTAL COOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned
Florida document number L21000100160.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

TAX UNION LLC

New Registered Office Address:

2800 GLADES CIRCLE SUITE 105

Enter Florida street address

WESTON

Florida

33327

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

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	AGUSTIN GOSENDE	2248 W 77TH ST	<input type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	GASTON KLINGENFELD	2248 W 77TH ST	<input type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIANA MENENDEZ	2800 GLADES CIRCLE SUITE 105	<input checked="" type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD THE EIN NUMBER: 35-2726247

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the record is filed.

Dated OCTOBER 4TH

2021

Signature of a member or authorized representative of a member

AGUSTIN GOSENDE

Typed or printed name of Signee

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