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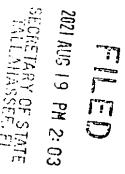
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor				
The Tax Sh	ark LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	David J Fabrizi			
		Name of Person		
	The Tax Shark		·	702 SE
		Firm/Company		
	1262 Myerlee Country Clu	ıb Blvd		SECRETAR)
	···	Address	<u>ာ</u> က	PH 2
	Fort Myers, FL 33919		in the second se	PM 2: 03
		City/State and Zip Code	i	Ξ
	djf1024@msn.com			
For further information c	e-mail address; (to be used for future annual report not	itication)	
David J Fabrizi	,,	203 (203) 256-1	169	
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address		Street Address:	ection	
Registration Section Division of Corporations		Registration So Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	10
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Tax Shark LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea <u>rs on our records</u> Liability Company)	<u>.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number L21000217283	were filed on May 20, 2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The Tax Shark - Florida LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		S.E		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ANSEE, FE	5 9 PM 2: 03		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our records, <u>enter t</u>	the name of the new register		
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:				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent and agent and agent accept the obligations of my position as registered agent and agent accept the obligations of my position as registered agent and agent accept the obligations of my position as registered agent and agent accept the obligations of my position as registered agent and agent accept the obligations of my position as registered agent and agent accept the obligations of my position as registered agent as proper and complete accept the obligations of my position as registered agent as proper accept the obligations are accept the obligations as registered agent as proper accept the obligations are accept the obligations accept the accept the accept the obligations accept the accep	ee to act in this capacity. I fur performance of my duties, an	ther agree to comply d I am familiar with a		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			SECRETARY Change
			PROPERTIES OF Remove
			□ Change
			□Add
			Remove
		 	□Change
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			□Remove
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						-
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	ist be specific and cannot b lock does not meet the	e prior to date of fili applicable statuto	ng or more than 90 days a	otional) fter filing.) this date) Pursuant to 605 will not be list	5.0207 (sed as t
document's effective date on the L	repartment of State's re	corus.				
e record specifies a delayed effective rd is filed.	ve date, but not an effec	ctive time, at 12:0	l a.m. on the earlier of	(b) The	e 90th day afte	er the
Dated August 10	2021					

Typed or printed name of signce