8/10/2021

Division of Corporations

Florida Department of State Division of Confiorations Bleefroni & Filling Cover Shoot

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email Address: INFO(2) TAXS POO. COM.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAPTORS INTEGRAL SERVICE LLC

Certificate of Status	0
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Corporate Filing Menu

Help

12 July 12

Tallahassee, FL 32314

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COVER LETTER

TO: Registration S Division of Co			.2
RAPTOR:	S INTEGRAL SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	B. No. 10 M.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANWAR I PUELLO		T
		Name of Person	······································
	TAX SPRO CORP		
		Firm/Company	
	8030 PINES BLVD		
		Address	
	PEMBROKE PINES , FL	33024	
		City/State and Zip Code	
	INFO"TAXSPRO.COM	to be used for future annual report notific	cution)
For further information	concerning this matter, please c		
ANWAR I PUELLO		786 307-2733	
Name	of Person	Area Code Daytine	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration		Street Address: Registration Sect	ion
	Corporations	Division of Corp. The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +19544207118 (TAX S PRO)

RAPTORS INTEGRAL SERVICE LLC		
(Name of the Limited Lia (A Fle	ibility Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit Florida document number 1.21000308102	y Company were filed on JULY 6 . 2	021 and assigned
This amendment is submitted to amend the following).	
A. If amending name, enter the new name of the l	Emited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	n "ELC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		- tues en H 4···
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, g:	enter the name of the new registe
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 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
MGR	vasquez salazar luzmary del valle	6010 reese RD apt 319 , DAVIE.FL 33314	∰ Add
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To: +18506176383

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