To: CORPORATE AMENDMENT

**Division of Corporations** 

6/8/22, 12:43 PM



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To:	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
	Account Name : TAXLEAF.COM INC		
	Account Number : I20140000084 Phone : (305)541-3980		
	Fax Number : (786)713-1940		
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Name of the Linited Liability Company as it new appears on our cecords.     IA Honda Limited Liability Company  The Articles of Organization for this Limited Liability Company were filed on FLORIDA	* *	<b>▲</b> •,	<sup>1</sup> TO # ICLES OF ORGA	5	●
The Articles of Organization for this Limited Liability Company were filed on FLORIDA			GLUMAX LUC		
The Articles of Organization for this Limited Liability Company were filed on FLORIDA		(Name of the Limi	ted Liability Company as it	ow appears on our re Company)	cords.)
A. If amending name, <u>enter the new name of the limited liability company here</u> :         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, <u>enter the name of the new registered agent and/or the new registered agent:</u> Name of New Registered Agent:         New Registered Office Address:         Enter Floride street address				led on <u>FLORIDA</u>	and assigned
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 ROX)         B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent;         Name of New Registered Agent:         Name of New Registered Agent:         New Registered Office Address:         Enter Florida Street address	This amendment is submitte	d to amend the fol	owing:		
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 ROX)         B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent;         Name of New Registered Agent:         Name of New Registered Agent:         New Registered Office Address:         Enter Florida Street address	A Hamending name, ente	r the new name (	of the limited liability co	nnany here:	
Enter new principal offices address, if applicable:			• • • • • • • • • • • • • • • • • • •	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	The new name must be distinguish	able and contain the	vords "Limited Liability Com	any." the designation "	'LLC" or the abbreviation "L L C."
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florada Street address Enter Florada Street address Florada Street address Florada Street address Florada	Enter new principal offices	address, if appli	rable:		
(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 affice address here:         Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address         Florida	(Principal office address M	<u>UST BE A STREI</u>	<u>ET ADDRESS]</u>		
(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 affice address here:         Name of New Registered Agent:         New Registered Office Address:         Enter Florida street address         Florida					
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered affice address here</u> :          Name of New Registered Agent:         New Registered Office Address:         Enter Florada street address         Florida					······································
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agent and/or the new registered office address here:         Name of New Registered Agent:         New Registered Office Address:         Enter Florada street address         Enter Florada street address					
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New Registered Office Address:					
Enter Florida street address	Name of New Regi	stered Agent:			
, Florida	New Registered Of	fice Address:			
				Enter Florida street a	drive \$\$
Chry Zhp Code					, Florida 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. Thereby 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>Tide</u>	Name	Address	Type of Action
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D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

Dated	MAY 17TH	12022
1741100		MM -
	Signature of	a member or authorized representative of a member
		Typed or printed name of signee