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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
MA SANC	DRU LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	PATRICIA CLAROS				
		Name of Person	_		
	TAXOKAY INC			٠.	(함 (고
		Firm/Company		'	- ···
	11555 HERON BAY BLV	'D 267		·	22
		Address	·····		
	CORAL SPRINGS, FL 33	076 US		ė	() ()
		City/State and Zip Code	_		٠.٠
	patty@taxokay.com	2			
For further information of	e-man address: (concerning this matter, please c	to be used for future annual report not all:	incation)		
PATRICIA CLAROS		954 489-8283 at ()			
Name o	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional)	e of Sta Copy	itus &
Mailing Addre Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 63:		Division of Co The Centre of			
Tallahassee,			oe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA SANORULLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/19/2021}{1}$ and assigned Florida document number $\frac{4.21000371695}{1.000371695}$ 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) 6.2 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: New Registered Office Address: Enter Florida street address

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

_, Florida _

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>	<u>Address</u>	Type of Action
MGR	Sanchez, Diana M	788 ORIENTA AVENUE APT B ALTAMONTE SE	'R □Add
			□Remove
			= Change
			□Add
			□Remove
			□Change
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			□Change
			_ □Add
			□Remove
			□ Change

The only change in this Amendment is the Title of the Member. It is	is being changed from CEO to MGR.
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ve date, if other than the date of filing:	(optional)
ctive date is listed, the date must be specific and cannot be prior to date of fill If the date inserted in this block does not meet the applicable statute	
ent's effective date on the Department of State's records.	ory ming requirements, this one will not be no
specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after
ed.	
NS/1/2/2023	
)5/12/2023	

Filing Fee: \$25.00

Typed or printed name of signee

PATRICIA CLAROS