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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		ly Credit LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Betzaida Colon		
			Name of Person	
			Firm/Company	
		525 Vista Villages Blvd		~
		Davenport FL 33896	Address	. <u>.</u>
			City/State and Zip Code	
		bcolon112208@yahoo.com		·
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ca	all:	· ·
Betzaida Ce	olon		863 866-7011 at ()	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:		
≅ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	egistration Segistration Segistration Segistration of Co. Box 632	Section Torporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Rely Credit LLC (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 $\frac{08/25/2021}{1}$ and assigned Florida document number _____L21000380442 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BC Tax Multiservices LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 525 Vista Villages Blvd Enter new principal offices address, if applicable: Davenport FL 33844 (Principal office address MUST BE A STREET ADDRESS) 525 Vista Villages Blvd Enter new mailing address, if applicable: Davenport FL 33844 (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: 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.

City

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>	Name	<u>Address</u>	Type of Action
			□Remove
			□ Change
		 	
			 ☐Change
			Add
			
			r∨ □Change
			Remove
			Change
			□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mor e: If the date inserted in this block does not meet the applicable statutory filing tament's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b) The 90th day after	er the
ed January 20th 2023 Signature of a member or authorized representative o	'a member	
Betzaida Colon		