Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 : (786)845-8854 Fax Number : (321)473-3052

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAR17NA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

## COVER LETTER

TO: Registration : Division of Co			
SUBJECT: HAR	ITNA LLC		
		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	IESSICA TORRES		
	JESSICA TORRES		
		Name of Person	
	TAX CARE FRANCHISI	E GROUP	
		Firm/Company	
	1400 NW 107TH AVE ST	TE 203	
		Address	
	SWEETWATER FL 3317	2	
		City/State and Zip Code	<del></del>
	JESSICA.TORRES@TAX	CAREINC.COM to be used for future annual report notific	
For firther information	concerning this matter, please c	·	cation)
ror farther information (	concerning this matter, picase c	aii:	
Jessica T	omes	at (786) 845 - Area Code Daytime	8854
V Name (	of Person	Area Code Daytime	Felephone Number
Enclosed is a check for t	he 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)
Mailing Addres		Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MART/NA LLC			
(Name of the Lim	ited Liability Company a	s it now appears on our recorde lity Company)	<u>r)</u>
	(11 101tan Emilied Ling)	nry Company)	
The Articles of Organization for this Limited I	Liability Company wer	re filed on 08/31/2021	and assigned
Florida document number L21000389644			
This amendment is submitted to amend the fol	liowing:		
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 C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icahio:		
(Principal office address MUST BE A STRE	<del></del>		
Trincipal office dataress MOST BE A STREET	<u>ET ADDRESS)</u>		
Paternania (P. 11 16 N. 1)			
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
	-		<del></del>
R If amending the registered egent and/or	mondotomod		
B. If amending the registered agent and/or agent and/or the new registered office addresses.	registerea office aaar <u>:ss</u> here:	ess on our records, <u>enter t</u>	he name of the new registered
	<del></del>		
Name of New Registered Agent:	TANIA MOUAWA	D	\$
	250 NW 220D CTC	201	<u> </u>
New Registered Office Address:	250 NW 23RD STE	501 Enter Florida street address	3 7
	MIANO		
	MIAMI	City., Flor	ida 33127
New Registered Agent's Signature, if changing		····	5- D
I hereby accept the appointment as registere provisions of all statutes relative to the prop	za agent and agree to per and complete perf	act in this capacity. I furt, ormance of my duties, and	her agree, to comply with the
accept the obligations of my position as regi	istered agent as provi	ded for in Chapter 605, F.	S. Or, if this document is
being filed to merely reflect a change in the	registered office addi	ress, I hereby confirm that	the limited liability
company has been notified in writing of this	cnange.		

Jacia Horawad

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Remove
		<del></del>	🗆 Add
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<del></del>			[]Add
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	•		□Change

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ete: If the date inserted in this block cument's effective date on the Depar	does not meet the applicable star	autory filing requirements, this c	ate will not be listed a
cument s criective date on the Depar	tthent of state's records.		2021
ecord specifies a delayed effective da	ite hut not an offention time at 1	2.01	
is filed.	ue, out not an effective time, at I	zion a.m. on the earlier of: (b)	The 90th day after the
OCTODER 5			388
OCTOBER 7			ent.
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Sign	nature of a member or authorized rep	encentative of a manufacture	<del></del>

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