L21000397226

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COVER LETTER

TO: Registration Division of C					
0.110.441.000	ES VIRTUAL TAX LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	YASED PUENTES GAR	CIA			
		Name of Person			
	PUENTES VIRTUAL TA	X LLC			
Firm/Company			· •		
	3257 ABELINE ROAD				
		Address	·		
	SPRING HILL, FLORIDA	X 34608	. ↓		
		City/State and Zip Code	.:>		
	Ç.	VTESVIRTUALTAX.COM to be used for future annual report notification)	. 0_		
		•	,		
	n concerning this matter, please c				
YASED PUENTES GARCIA		816 457-0329 at ()			
Nam	e of Person	Area Code Daytime Teleph	none Number		
Enclosed is a check fo	r 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)		
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issec et, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUENTES VIRTUAL TAX LLC	
(Name of the Limited Liability Company as it now : (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Plorida document number $\frac{\text{L21000397226}}{\text{L21000397226}}$.	on <u>09/07/2021</u> and assigned
this amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
PUENTES MULTISERVICES OFFICE LLC	
he 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:	A 1
Principal office address MUST BE A STREET ADDRESS)	; .
Inter new mailing address, if applicable:	: .
	<u>.</u>
 If amending the registered agent and/or registered office address on egent and/or the new registered office address here: 	our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address: Ente	er Florida street address
	Florida

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

Zip Code

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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			☐ ☐ ☐ Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be operated.) _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. AUGUST 14 Dated __ 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

YASED PUENTES GARCIA