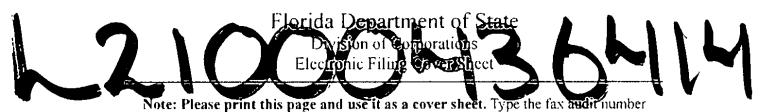
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Fax Number

: (850)617-6383

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980

Fax Number

: (786)713-1940

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annual report mailings. Enter only one email address please. \*\*

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

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## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

	OF	JUL -5 A		
BA	LEART LLC	SECRETARY O	FSTATE	
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ars on out Actuals; 14.53	<del>Ct+Fb-</del>	
The Articles of Organization for this Limited Liability Co			and assigned	
This amendment is submitted to amend the following:	_•			
A. If amending name, enter the new name of the limit	ted liability company l	nere:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			<u></u>	
(Principal office address MUST BE A STREET ADDR.	ESS)			
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		······		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	rccords, <u>enter the nam</u>	e of the new registere	
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	binton bil	orada street address		
	Fauci Pi			
	Ciry	, Florida	Zip Cock	
New Registered Agent's Signature, if changing Registered	•		•	

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

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Thamchoing Authorized rerson(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>	Address	Type of Action
MBR	MARIA L CASASOLA	2323 VAN BUREN ST APT 208	
		HOLLYWOOD, FL 33020	≅Remove
			□Change
MBR	AGUSTIN B CAVANNA	2323 VAN BUREN ST APT 208	🗆 ∧dd
		HOLLYWOOD, FL 33020	■Remove
			[]Change
			🗆 🗆 🖂 dd
		□Remove	
			DChange
			□Remove
			□Change
			🗆 Remove
			□Change
			□Add
			(]Remove
			□Change

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Effective	date, if other than the date of filing: (optional)
fan ettecti Note: If	ve date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as
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e record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	6/30/2022
	DocuSigned by:
	Fabricio Ramires
	Signature of Phember of authorized representative of a member
	FABRICIO J RAMIRES
	Typed or printed name of signee