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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)**5**52-5973 Fax Number : (305)675-5944

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Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LLANTAXX, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLANTAXX, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000437066</u>	ny were filed on 10/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company" the designation "LLC" or	the abbreviation "L.L.C."
The new mane man be distinguishable and contain the words. Diffice bid	ionny company, me designation and at	
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)		
Industrial manages have any transfer our designation and any		
The Total Control of the Control of	and duces on our records enter the	name of the new registered
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	- 20
		22 M
Name of New Registered Agent:	<u>. </u>	
New Registered Office Address:		24
The state of the s	Enter Florida street address	PA CONTRACTOR
·.·	, Florid	ia <u></u>
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agen	nt:	
		7 1.1 .1

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 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

Title	Name	Address	Type of Action
MGR	Hernan Dario Parra Zapata	201 Galen Dr # 312	≡ Add
		Key Biscayne, Florida 33149	-
			Change
		·:	
			□Remove
			ClChange
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
 -			
			□Rcmove
			□Change
			□Add
			Remove

_ 🗆 Change

n Davio Parra Zapata

Filing Fee: \$25.00

Typed or printed name of signer