

122000017661

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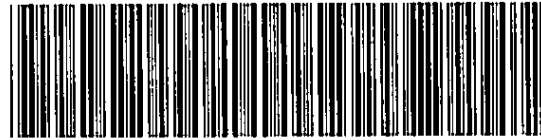
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SECRETARY OF STATE
TALLAHASSEE, FL.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUERIN TAX GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSS A. LAZARUS

Name of Person

GUERIN LAZARUS TAX GROUP, LLC

Firm/Company

P.O. BOX 14156

Address

CLEARWATER, FL 33766

City/State and Zip Code

ljgepa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GUERIN

Name of Person

727 738-5566
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
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**

FILED

GUERIN TAX GROUP LLC

2022 MAR -9 PM 1:44

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on 01/01/2022 and assigned Florida document number 1.22000017661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GUERIN LAZARUS TAX GROUP, LLC

The 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:

2901-A RIGSBY LANE

(Principal office address MUST BE A STREET ADDRESS)

SAFETY HARBOR, FL 34695

Enter new mailing address, if applicable:

P.O. BOX 14156

(Mailing address MAY BE A POST OFFICE BOX)

CLEARWATER, FL 33766

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:

ROSS A. LAZARUS

New Registered Office Address:

2901-A RIGSBY LANE

Enter Florida street address

SAFETY HARBOR

City

Florida 34695

Zip Code

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.

Ross A. Lazarus

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 = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------|--|
| MGR | ROSS A. LAZARUS | 2901-A RIGSBY LANE | <input checked="" type="checkbox"/> Add |
| | | SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOHN GUERIN | 2901-A RIGSBYLANE | <input checked="" type="checkbox"/> Add |
| | | SAFETY HARBOR, FL 34695 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LEO GUERIN | 3260 MASTERS DRIVE | <input type="checkbox"/> Add |
| | | CLEARWATER, FL 33761 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD FEI/EIN NUMBER: 87-4291407

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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.

Dated MARCH 02 2022

Ross A Lazarus (handwritten signature)

Signature of a member or authorized representative of a member

ROSS A. LAZARUS

Typed or printed name of signee