122000020918

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700440546107

12/05/24--01013--004 **25.00

JAN 1 6 S. PRATHER

COVER LETTER

Division	of Corporations			
SUBJECT.	M&N TAX SERVICES LLC			
SOBJECT.	Name of Limited 1	iability Company		
The enclosed Arti	icles of Amendment and fee(s) are submitte	d for filing.		
Please return all c	correspondence concerning this matter to th	e following:		
	NICOLA	AS ROMAIN		
		Name of Person		
		Firm/Company		
	2500 HOLLY	WOOD BLVD SUITE	108	
		Address		
	HOLLYWO	OOD FL. 33020		
	Ci	y/State and Zip Code	· • • • • • • • • • • • • • • • • • • •	
		@GMAIL.COM		
	E-mail address; (to be	used for future annual rep	ort notification)	
For further inform	nation concerning this matter, please call:			
NIC	COLAS ROMAIN	954 854-1 at ()	726	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a che	eck for the following amount:			
≡ \$25.00 Filing	g Fee □ \$30.00 Filing Fee & □ Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

TO:

Registration Section

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

M&N TAX	SERVICES LLC	
(Name of the Limited)	i Liability Company as it now appears on our records.) A Florida Limited Liability Company)	2004 : - 4
The Articles of Organization for this Limited Lia	bility Company were filed on 12/03/2024	and assigned
Florida document number L22000020918		۵.
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	 لـ
M&N CONSULTING SERVICES LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LEC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
Tritepa infice duress proof DE 71 STREET	ADDRESSI	
	341-141-141-141-141-141-141-141-141-141-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>O.Y.)</u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re	gistered office address on our records, <u>enter the n</u>	ame of the new reg
agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
N. B. C. JOT. All		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
	Say.	zap vanc

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.

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>	Address	Type of Action
MGR	NICOLAS ROMAIN	2500 HOLLYWOOD BLVD SUITE 108	□∧dd
		HOLLYWOOD FL. 33020	□Remove
			□Change
MGR	MARIE Y. MOSTER	618 SW GAILBREATH AVE	
		PORT SAINT LUCIE FL. 34953	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
	4-BANA		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Typed or printed name of signee