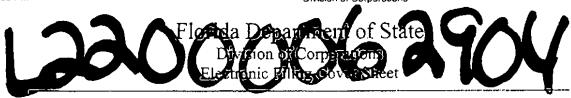
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 : (888)453-0509

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address: account fanta

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TO:	Registration Section		e *			#	•	*
	Division of Corporations				v			
SUBJI	ARDONAY SERVICES LLC		•	et.	É			•
SUBJI		ne 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:

	PABLO COLOMA		
		Name of Person	
		Firm/Company	<u> </u>
	15218 MARKHAM DR		
		Address	
	CLERMONT, FL 34714		
		City/State and Zip Code	
	ACCOUNTANT@TAXZO	NEFL.COM	
	E-mail address: (t	o be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	iH:	
PABLO COLOMA		407 888-3131	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fcc	☐ \$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

From: Tax Zor

H22C0CO743583

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARDONAY SERVICES LLC		
(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company of Florida document number L22000062904	were filed on 02-07-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida stre	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	.	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capac e performance of my di provided for in Chapte	er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

18884530509

427000743563
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	MARIA JACOME	15218 MARKHAM DR	■Add
		CLERMONT, FL 34714	□Remove
			□ Change
			□Remove
			□Change
			[] Add
			□Change
way and a state date of the			□Add
			Remove
			Change
			□Remove
			Change
			□Remove
			□ Change

4220000743563

ffactive data if other than the date of filing:(optional)
ffective date, if other than the date of filing:
ocument's effective date on the Department of State's records.
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 d is filed.
FEB 25 2022
rated,,
Palolo Colonia Signature of a member or authorized representative of a member
Signature of a member or authorized representative in a member
PABLO COLOMA MGR Typed or printed name of signee