L22000113403

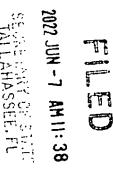
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COVER LETTER

Registration Section Division of Corporations

'TO:

ALY TAX SUBJECT:	SERVICES LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DAMERIAN ALVAREZ			
		Name of Person		
	DAMERIAN ALVAREZ			
		Firm/Company		
	6961 W 14 CT APT 105			
		Address		
	HIALEAH FL 33014			
		City/State and Zip Code		
	damyalvarez@yahoo.com			
	E-mail address: (to be used for future annual report not	titication)	
For further information c	oncerning this matter, please co	all:		
DAMERIAN ALVARE	Z.	305 5603472 at()		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	ne 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 radditional copy is enclosed)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -7 AM 11:38

ALY TAX SERVICES LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	ON OUR PECOFOR STAFF
The Articles of Organization for this Limited I Florida document number L22000113403	Liability Compan	y were filed on 🖰 🕟	314/27 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>e</u> :
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	- novo	N/A	
(Mailing address MAY BE A POST OFFICE	<u>: B(),()</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our rec	ords, enter the name of the new register
Name of New Registered Agent:	DAMERIAN	ALVAREZ	
New Registered Office Address:	6961 W 14 C	Г АРТ 105	
		Enter Floria	a street address
	HIALEAH		Florida 33014
	-	City	Ziv 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.

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>	Address	Type of Action
MGR	DAMERIAN ALVAREZ	6961W 14 CT APT 105 HIALEAH, FL 33014	= Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
		 _	□ Add
			□Remove
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ctive date, if other the effective date is listed, the	date must be specific and	I cannot be prior to date o	f filing or more than 90 d	_ (optional) ays after filing.) Pursu:	mt to 605,020
e: If the date inserted in iment's effective date o	i this block does not in the Department of S	neet the applicable stat State's records.	utory filing requireme	ents, this date will no	t be listed a
ord specifies a delayed filed.	effective date, but not	t an effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th	day after the
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04/29/2022 ed	_				
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Filing Fee: \$25.00