6/9/22, 7:05 PM

Division of Corporations

# Florida Department of State Division of Compositions Electronic Rilling Obver Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : I20210000123 Phone : (321)315-9576 Fax Number : (321)234-0285

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YURY TESORERO STYLIST LLC

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\$60.00

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Corporate Filing Menu

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JUN 10 2022

K. Brumbley

Tallahassee, FL 32314

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

### COVER LETTER

TO:	Registration Sec Division of Corp		•	•
× <b>=</b>	YURY TES	ORERO STYLIST LLC - CHAI	NGE NAME .	
SUBJE	СТ:	Name of Limite	d Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspor	ndence concerning this matter to	the following:	
		YULI M CHAVEZ TESORI	. <del> </del>	
			Name of Person	
		YURY TESORERO STYLI	ST LLC	
			Firm/Company	
		1660 NE MIAMI GARDEN	DR 26	
			Address	
		MIAMI FL 33179		
			City/State and Zip Code	
		DOCS@TAXTRAINERSIN	TL.COM  be used for future annual report n	otification)
For fu	rther information o	concerning this matter, please ca		
	JEL J ROMER		321 315-9576	
	Name o	of Person	Area Code Day	time Telephone Number
Enclo	sed is a check for t	he following amount:		
	25.00 Filing Fee	( ) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address Registration Division of The Centre	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line) (A Flo	bility Compa rida Limited I	ny as It now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number 1.22000123807	y Company	were filed on 03/11/2022		_ and assi	gned
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liab	ility company here:			
YULI TESORERO STYLIST LLC					
The new name must be distinguishable and contain the words	Limited Liabil	lity Company," the designation	n "LLC" or the abbre	viation "L.	IC."
Enter new principal offices address, if applicable:		1660 NE MIAMI GARI	DEN DR		
(Principal office address MUST BE A STREET AD	DRESS)	SUITE 26	:	707	3 3 3
Principal office data ess. no. 17 No. 4 of 1022 e 712	DIVIDIO	MIAMI GARDENS FL	33179 :		5
			:		FIL
Enter new mailing address, if applicable:					<del>, 50</del>
(Mailing address MAY BE A POST OFFICE BOX	<u>}</u>			<u> </u>	
				<u> </u>	
B. If amending the registered agent and/or regist- agent and/or the new registered office address her	ered office re:	address on our records.	enter the name (	of the nev	v <u>registere</u>
Name of New Registered Agent:	AX TRAINE	RS INTERNATIONAL CO	ONSULTANTS LL	.C	
New Registered Office Address: 35	85 GRAND	E RESERVE WAY APT 2	09		
New Registered Office Acousts.		Enter Florida stree	et address		
O	RLANDO		Florida <u>3283</u>	7	
		City:		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 daties, 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:

13212340285

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YULI M CHAVEZ TESORERO	1660 NE MIAMI GARDEN DR	
		SUITE 26	□Remove
		MIAMI GARDENS, FL 33179	\exists Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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			□Change

D Ifa	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
17. 11 41		
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No	ective date, if other than the date of filing:  n 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fist current's effective date on the Department of State's records.	5,0207 (3)(b) ed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 n.m. on the earlier of: (b) The 90th day after is filed.	er the
Ds	ned 06/09/2022	
51	Signaire of a member or authorized representative of a member	
	MI / E. HAVE	