9

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001695013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAJO UNLIMITED LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

MAY 12 3022

Electronic Filing Menu

Corporate Filing Menu

Help

က်

3

		COVER LETTER	
TO: Registration S Division of Co			
KAJO UN SUBJECT:	LIMITED LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	ANWAR I PUELLO		
		Name of Person	
	TAX \$ PRO CORP		
		Firm/Company	
	8030 PINES BLVD		r- tr
	·	Address	7; (*) 2:
	PEMBROKE PINES, FO	RIDA 33024	7) - 6 7) - 6
	DIFOCT NORDO COM	City/State and Zip Code	
	INFO@TAXSPRO.COM E-mail address: (to be used for future annual report notificat	ion)
For further information of	concerning this matter, please ca	all:	
ANWAR I PUELLO		786 307-2733	
Name o	of Person	at () Area Code Daytime Te	lephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailine Addres</u> Registration 1		Street Address: Registration Section	n

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Э

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

From: +19544207118 (TAX 5 PRO)

KAJO UNLIMITED LLC		
(Name of the Limited Liability Compat (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000133418	were filed on 03/16/2022	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 designation "LLC" or the a	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· ′ _
		P* 5
		<u> </u>
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:	ddress on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further ag	gree 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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	DUQUE, GONZALO	7911 NW 11TH CT , PEMBROKE PINES ,FL 33024	□Add
			_ ≣Remove
•			□Change
AMBR —	GUILLEN DUQUE, CAYSPILAR	7911 NW 11TH CT , PEMBROKE PINES ,FL33024	
			_ 🛮 Rетюче
			_ ≡ Change
			_ DAdd
			□Remove° HAY
			_ BAdd 5 4: 00
		_ □Remove	
			_ DChange
			_ OAdd
			_ □Remove _ □Change
			_ CAdd
		·	_ □Remove
			_ 🗀 Change

From: +19544207118 (TAX S PRO)

0

EIN #88-2251376			e: (Attach addi			
						_
						
·····	 -					
					·	_
		-				
				 		_
		·				
				,		-
	 ,		<u> </u>			— :-: (
				 ,		
						3
	_					
						_ 왕칙
						_
						_
Tective date, if other than th	e date of filing	05/11/2022		(optional)	
an effective date is listed, the date in ote: If the date inserted in this l	ust be specific and o block does not m	cannot be prior	to date of filing or a	more than 90 days	safter filing.) Pursuant to 6	05.0207 (. isted as t
ocument's effective date on the	Department of St	ate's records.	,		7, 04,0 7, 120, 00 1.	0.00 43 1
record specifies a delayed effect is filed.	ve date, but not a	an effective til	ne, at 12:01 a.m.	on the earlier of	of: (b) The 90th day af	ler the
		2022				

Filing Fee: \$25.00

Typed or printed name of signee

CAYSPILAR GUILLEN DUQUE