Page: 1

5/8/22,1

ווחו טט בטבב דונו שסיאט חוו

L22000146161

Note: Please print this page and use it as a cuver succe approximation (shown below) on the top and bottom of all pages of the document.

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H220001640203ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER-SINGERMAN-LLP-MIAMI

Account Number : 120090000000 : (305)755-9500 Phone : (305)714-4348 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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL ESTATE TAX SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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- FILED ARTICLES OF AMENDMENTER HAY -6 PM 4:54 ARTICLES OF ORGANIZATION FOR STAIR

	OF	TALLAHASSE	E. FLORIDA
REAL ESTATE TAX SERVICES, LLC			
Name of the Limited Liability Come (A Florida Lumited	any so it now Liability Cor	mpany)	
he Articles of Organization for this Limited Liability Companion document number <u>L22000146161</u>			and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lis	bility com	pany here:	
			the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limited Lia	bility Compar	лу, ше осицианов със о	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address (on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Flor	ida
	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 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

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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

Title	Name	<u>Address</u>	Type of Action
MOR	Jeffirey Nelson	2385 N.W. Executive Center Drive, Suite 100	_______\
		Boca Raton, FL 33431	Remove
		The state of the s	,
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ווחו טט בטבב ויונו טסיטט חוו _____

JEFFREY NELSON

LUV NO!

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	(Carelly				·		
fective date, if other than the date of filing: (optional) In 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 other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be accument's effective date on the Department of State's records.	rective date, it office that it was be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 un 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 605.0 un effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	in effective date is listed, the date must be specified in this block do	es not meet the	ւեն ընդայն չառա	ng or more than 90 y filing requirem	days after filing.) Pursi	unit to 605.0 not be listed

Signature of a member or authorized representative of a member

Typed or printed name of signee