

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000191507

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC
Account Number : I20200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

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
LAB PROTESE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 JUN -7 PM 4:34

2022 JUN -7 AM 9:17

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAB PROTESE, LLC
Name 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:

CLAUDIO TOLEDO RIBEIRO

Name of Person

TAXPEOPLE, LLC

Firm/Company

2855 SW BRIGHTON ST

Address

PORT LUCIE, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

Name of Person

772

at ()

Area Code

460.1000

Daytime Telephone Number

Enclosed is a check for the 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
(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

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

LAB PROTESE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2022
Florida document number **L22000191507** and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

351 CLEMENTINE RD

FORT PIERCE, FL 34981

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

351 CLEMENTINE RD

FORT PIERCE, FL 34981

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIRST NAME: VINICIUS LAST NAME: DE OLIVEIRA COSTA	351 CLEMENTINTE RD FORT PIERCE, FL 34981	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

AMBR	FIRST NAME: ADAILSON LAST NAME: GOMES COSTA	351 CLEMENTINE RD FORT PIERCE, FL 34981	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 the record is filed

Dated June 7, 2022

X _____
Signature of a member or authorized representative of a member

CLAUDIO TOLEDO RIBEIRO

Typed or printed name of signer