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(((H22000175886 3)))



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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

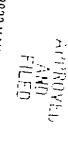
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABT PARTNERS LLC

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## COVER LETTER (((+1220001758863)))

TO:	Registration Se Division of Cor	ction porations		• •
CUD	ABT PART			
SUBJ	ECT:	Name of Limi	ited Liability Company	A THE STATE OF THE PARTY OF THE STATE OF THE
The en	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	teturn all correspo	ndence concerning this matter	to the following:	
		ED KOTLER		
			Name of Person	<del></del>
		TAX ZONE INC		
			Firm/Company	and the second process of the second
		8865 COMMODITY CIR	STE 4	
		,	Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		ACCOUNTANT@TAXZO		
		E-mail address: (1	to be used for future annual report notif	cation)
For fu	rther information of	oncerning this matter, please ca	all:	
ED K	OTLER		407 888-3131 at () Area Code Daytime	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclos	sed is a check for th	ne following amount:		
€ \$2	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABT PARTNERS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny na it now appears on a liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000199159</u>	were filed on 04/26/2	022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	·		22
(Principal office address MUST BE A STREET ADDRESS)			APPROXIMATE APPROX
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			. N
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am fa oter 605. F.S. Or, i	miliar with and Tthis document is

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: ((( H220001758863))) MGR = Manager AMBR = Authorized Member Address Type of Action Title Name 10510 ROYAL CYPRESS WAY ORLANDO, FL 328: **AMBR** LAURA BETANCOURT □Remove ☐ Change 10510 ROYAL CYPRESS WAY ORLANDO, FL 328. RICARDO ANGULO **AMBR** \_\_\_\_\_ □Remove 10510 ROYAL CYPRESS WAY ORLANDO, FL 328: BEATRIZ TERRASSA MGR ☐ Change 10510 ROYAL CYPRESS WAY ORLANDO, FL 328: AMBR **BEATRIZ TERRASSA** ☐ Change \_\_\_\_\_ Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove

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