From: TAXLEAF.COM INC CONTADORAMERICA.COM



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

From:

Account Name : CONTADORMIAMI.COM INC Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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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	ORGANIZATION DF	
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(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000226294</u>	were filed on 05/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new subschol officer address. If the line but	8900 NW 107 COURT UNIT # 101-3	
rater new principal ottices address, it applicable:		
	DORAL, FL 33178	
(Principal office address MUST BE A STREET ADDRESS)		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	DORAL, FL 33178	
Enter new principal offices address, if upplicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33178	
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(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	DORAL, FL 33178 14334 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	DORAL, FL 33178 14334 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181	2023
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	DORAL, FL 33178 14334 BISCAYNE BLVD NORTH MIAMI BEACH, FL 33181 address on our records, <u>enter the name</u>	

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	Address	Type of Action
MGR	RINALDELLI, CARLOS	8900 NW 107 COURT, UNIT # 101-3	
		DORAL, FL 33178	🗆 Remove
			Change
MGR	RINALDELLI, FRANCISCO	8900 NW 107 COURT, UNIT # 101-3	🗆 Add
		DORAL, FL 33178	Remove
			Change
MGR	BASSI , SONIA	8900 NW 107 COURT, UNIT # 101-3	DPVE
		DORAL. FL 33178	
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D.	If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if	'necessary.)
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,E	(If an effective date, if other than the (if an effective date is listed, the date must be able to be be be been and in this bl	date of filing:(c st be specific and cannot be prior to date of filing or more than 90 days ock does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 (3)(b)
	document's effective date on the D	epartment of State's records:	
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11 	the record specifies a delayed effective condistiled.		
•	JUNE 2ND	2023	
	Dated		
		Signature of a member of suphorized representative of a member	
,			
		CARLOS RINALDELLI	
		I yard or original asme of signre	
× · · · ·		Typed or printed name of signee	
×		Typed or printed name of signee	
		Typed or printed name of signee Filling Fee: \$25.00	