Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : 120200000179 Phone : (786)253-9951 Fax Number : (305)397-1052

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESMERALLY, LLC

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AUG 23 2022 K. Brumbley To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

13053971052

ESMERALLY, LLC			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liab lorida document number	bility Company	were filed on 05/26/2022	and assigned
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	he limited liab	ility company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
inter new principal offices address, if applical	ble:	9890 SW 28TH ST	
Principal office address MUST BE A STREET	(ADDRESS)	MIAMI, FL 33165	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		9890 SW 28TH ST MIAMI, FL 33165	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		address on our records. enter the	name of the new 22 AUG 2
	9890 SW 28TF	I ST	LEG A
New Registered Office Address:		Enter Plando strest address	7.0
	MIAMI	, Florid:	33102;—; <u>Cn</u>
	MIAMI	Enter Floride street address Florid:	a <u>3316</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.

Esmeralda Prieto Alonso

If Changing Registered Agent, Signature of New Registered Agent

H2Z000Z83509

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>	Name	Address	Type of Action
AMBR	ESMERALDA PRIETO ALONSO	9890 SW 28TH ST	🗀 Add
		MIAMI. FL 33165	□Remove
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	ESMERALD/	PRIETO	ALONSO)								