

L22000255625

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H230003039703))



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To: Division of Corporations
Fax Number : (850)617-4383

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (105)527-6317
Fax Number : (732)713-1040

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
TUCO SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 SEP -1 PM 3:40

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2023 SEP -1 AM 5:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 05 2023

T.L. FOX

H230003039703

H23000303970 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

TUCO SERVICES 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 06/03/2022 and assigned
 Florida document number L22000255625

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)

1613 OSPREY BEND

WESTON, FLORIDA 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1613 OSPREY BEND

WESTON, FLORIDA 33327

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:

MALVIDO, JUAN PABLO

New Registered Office Address:

1613 OSPREY BEND

Enter Florida street address

WESTON

Florida 33327

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

H23000303970 3

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	STIEGEMANN, GRETEL INES	1613 OSPREY BEND	☐ Add
		WESTON, FLORIDA 33327	☐ Remove
			☒ Change
AMBR	MALVIDO, JUAN PABLO	1613 OSPREY BEND	☐ Add
		WESTON, FLORIDA 33327	☐ Remove
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H23000303970 3

H23000303970 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is indicated, please attach a copy of the notice of effectiveness.)

(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 AUGUST 11TH

2023

Signature of a member or authorized representative of a member

JUAN PABLO MALVIDO

Typed or printed name of signee

H23000303970 3