## L22000265520

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Y. SCOTT |AUG - 5 2023

## **COVER LETTER**

	istration Se sion of Corp						
CUDICCT.	DOMINIQUE NICOLE ALTIF LLC						
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing				
Please return	all correspo	ndence concerning this matter	to the following:				
		DAVID BYCK EA, CTRS	;				
			Name of Person				
		REPTAX PROFESSIONA	LS LLC	2023			
			Firm/Company	, ; ; · · ·			
		8401 LAKE WORTH RD		23 F			
		· · ·	Address				
		LAKE WORTH, FL 33467	7	2: 04 51 VE			
		DAVE@REPTAXPRO.CO	City/State and Zip Code M				
		E-mail address: (	to be used for future annual report notification)				
For further in	formation co	oncerning this matter, please ca	ali:				
DAVID BYO	Ж		561 350-9278 at ( )				
	Name of	Person	Area Code Daytime Telephor	ne Number			
Enclosed is a	check for th	c following amount:					
■ \$25.00 F	iling 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)			
	ling Address		Street Address: Registration Section				
_		orporations	Division of Corporation	ıs			
	. Box 632		The Centre of Tallahass				
Tall	ahassee, F	L 32314	2415 N. Monroe Street,	Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOMINIQUE NICOLE ALTIF 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  $\frac{06'10'22}{10'22}$ and assigned Florida document number 1.22000265520 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DOMINIQUE NICOLE HAWLEY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6244 FAIRMONT LN Enter new principal offices address, if applicable: PALMETTO Florida 34221 (Principal office address MUST BE A STREET ADDRESS) 6244 FAIRMONT LN Enter new mailing address, if applicable: PALMETTO Florida 34221 (Mailing address MAY BE A POST OFFICE BOX) 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

## 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.

Cire

, Florida \_\_

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>	Type of Action
AMBR	DOMINIQUE N ALTIF	11150 4TH ST N	⊡Add
		4415	<b>=</b> Remove
		ST PETERSBURG, FL 33716	
AMBR	DOMINIQUE N HAWLEY	6244 FAIRMONT LN	
		PALMETTO, FL 34221	⊡Remove
			☐ Change ☐ Add
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cord specifies a delayed effective filed.	date, but not an ef	fective time.	, at 12:01 a.n	n, on the earli	er of: (b) 1	The 90th	n day after t
JUNE 13	202	23					
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