L22000330308

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SECRETARY OF STATE TALLAHASSEE, FL

2022 AUG -8 AM 8: 58

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEX PEDRO		
		Name of Person	
	BR TAX CORP		
		Firm/Company	
	5825 TOSCANA PL STE	109	
	 	Address	
	POMPANO BEACH, FL.	33063	
		City/State and Zip Code	
	contato@brtaxco.com		<u></u>
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ALEX PEDRO			0 - FAX: 954 208 7808
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Addres		Street Address:	A*
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	•
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Tallahassee, FL 32314

TO: Registration 5 Division of Co			
MORENI SUBJECT:	NO COLLECTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are sui	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	ALEX PEDRO		
		Name of Person	
	BR TAX CORP		
		Firm/Company	
	5825 TOSCANA PL STE 109		
Address			
	POMPANO BEACH, FL,	33063	
		City/State and Zip Code	
	contato@brtaxco.com		
	E-mail address:	to be used for future annual report no	otification)
For further information	concerning this matter, please o	all:	
ALEX PEDRO		954-859-79	000 - PAX: 954 208 7808
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fcc	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	S60.00 Filing Fee,
25.00 r ming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	*:
Registration Division of (Registration S Division of Co	
P.O. Box 633		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	itqr)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000330308	were filed on 07/26/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Li	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	31 SE 6TH ST APT 1406			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL, 33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRET	2022 AUG	-T1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered	-8 A	
Name of New Registered Agent:		<u>m</u> σ	ထ္	5
New Registered Office Address:	Enter Florida street addi	FATE	58	
	,	Florida		
	City	Zıp 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

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>	Address	Type of Action
MGR	ARGUELLO, JUAN CARLOS	2900 GLADES CIR STE 950	
		WESTON, FL.	□ Remove
		33327	☐ Change
			□Add
			□Remove
			(]Change
			□Add
			□Remove
			Change
			∐Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			(DAdd
			ORemove
			[Change



		
		
		
ffective date, if other than t	he date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02
nte: If the date inserted in this	iblock does not meet the applicable start Department of State's records.	tutory filing requirements, this date will not be listed
record specifies a delayed effect is filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
	2022	
, JULY, 28 ated	2022	
	α / γ	
· ·	Signature of a member or authorized re	

Typed or printed name of signee