Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone : (786)615-3057 Fax Number : (786)615-3058

the the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

ြောက် Email Address:__

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FAS COMPANY LLC

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AUG 1 6 2023

K. Brumbley

ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

	FAS COMPAN	Y LLC		
(Name of the Limite)	d Liability Compas A Florida Lunited L	y as it now appe lability Company	ers on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company	were filed on _	08/03/2022	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the N/A	_			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	ty Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	N/A		
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on ou r	records, enter the na	2023
Name of New Registered Agent:	N/A			No No
New Registered Office Address:			orida sircei address , Florida _	5 AM 7
		City		Zip Cod-

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 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	<u>Name</u>	Address	Type of Action
AMBR P.	PAVEZ, DANIEL	13009 SW 95TH AVE	□Add
		MIAMI, FL 33176	■Remove
			□Change
MGR PAVEZ, DANIEL	PAVEZ, DANIEL	13009 SW 95TH AVE	= Add
	MIAMI, FL 33176	□Remove	
		the control of the co	Change
			DAdd
			□Remove
			©Сhалge
			DAdd
			□Remove
		□Add	
			□ Remove
			□Change
			□Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Auach additional sheets, if necessary.) N/A
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ll'an effe <u>Note:</u>	ve date, if other than the date of filing: (optional) ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
e 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 ed.
Dated_	AUGUST 15 2023
•	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee