

12/9/22, 3:21 PM

Division of Corporations

L22000342176  
Florida Department of State  
Division of Corporations  
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((H220004154883))



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To: Division of Corporations  
Fax Number : (850)617-6333

From: Account Name : TAXLEAF.COM INC  
Account Number : 120140000084  
Phone : (305)541-3980  
Fax Number : (786)713-1940

\*\*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  
STTOWER LLC

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SECRETARY OF STATE  
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000415488.3

STTOWER LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 2022 DEC 9 PM 10:15 SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/03/2022 and assigned Florida document number L22000342176

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 "LLC."

Enter new principal offices address, if applicable: 8400 UNIVERSITY DR SUITE 105 TAMARA, FL 33321 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8400 UNIVERSITY DR SUITE 105 TAMARA, FL 33321 (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

City, Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000415488.3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ESTRADA FLOREZ, ABRAHAM A	8830 Royal Palm Blvd apto 202	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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