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(((H220003591013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC

Account Number : 120210000201 : (561)409-3106 Phone : (561)952-0315 Fax Number

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 G PRADO SERVICES, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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OCT 20 2022 K. Brumble

P.O. Box 6327

Tallahassee, FL 32314

TO:		stration Secti sion of Corpo		· , • •)	* vi.	
			SERVICES LLC				:
SUBJE	CT:	<u> </u>	Name of Limit	ed Liability Company			
			mendment and fee(s) are subm				
			GILCILENE DIAS PRADO)			•
				Name of Person	<u> </u>		•
			G PRADO SERVICES LLO				
				Firm/Company			-
			1167 HILLSBORO MILE	APT 204			
				Address			-
			HILSBORO BEACH - FL	33062			
				City/State and Zip Cod	6		•
			PRIMEINCOMETAX1@G	MAIL.COM o be used for future arous	al report notific	cation)	
For fu	rther i	nformation co	ncerning this matter, please ca		•	·	
		E DIAS PRAI		561 5	328-4623		
		Name of		at () _ Area Code	Daytime	Telephone Number	r
Enclos	sed is	a check for the	e following amount:				
⊟ \$2	25.00	Filing Fee	□ \$30.00 Filing Fco & Certificate of Status	☐ \$55,00 Filing Fe Certified Copy (additional copy is		Certifie	ate of Status &
	Re	alling Address	Section	Regis	Address: stration Section of Corp		
	Di	vision of C	orporations			A 0 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

COVER LETTER

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G PRADO SERVICES LLC (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on 08/11/2022	and assigned
Florida document number L22000353740	!	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the limited liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our records, enter the na	me of the new register
agent and/or the new registered office address here:		202
N. CNI Barrierad Anomy		72 OC
Name of New Registered Agent:		7
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		29
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further t	igree to comply with t
	erformance of my duties, alia i al	n familiar wiin and
-scent the chilocotions of my position as registered agent as Di	ovided for in Chapter 600, r.s. c	ir, y inis accument is
being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	auress, i neredy conjunt that the	secondar marring

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GILCILENE DIAS PRADO	1167 HILSBORO MILE APT 204	■Add
		HILLSBORO BEACH - FL 33062	☐ Remove
			□ Change
			□Add
			□ Remove
			Change
			□Remove
			Change
			□ Add
			(Change
			🗆 Add
			Remove
			☐ Change
			🗀 Add
			□Remove
			🗀 Change

PLEASE ADD GILCILENE DI	n, enter change(s) here: <i>(Attach addit</i> AS PRADO AS AMBR	:
		;
C. Effective date, if other than the d	10/19/2022 ate of filing:	(optional)
(If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	K does not meet the applicable statutory in	(optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed as
f the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12:01 a.r	n. on the earlier of: (b) The 90th day after the
OCTOBER 19	2022	
Dated	<u>-6</u>	
	ilgnature of a member or authorized represents	tive of a member
GILCILENE DIAS PRAI		

Filing Fee: \$25.00

13056476040

From: MADINA bahretdinova

10/19/22, 1:51 PM

Division of Corporations

Florida Department

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(((H22000358916 3)))



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : 120220000131 Phone : (305)612-2704

Fax Number : (305)647-6040

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

ARZON ONLINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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OCT 20 2022 <. Brumbley

To: DIVISION OF CORPORATIONS	Page: 5 of 8	2022-10-19 19:55:46 GMT 13056476	040 From: MADINA bahretdinov
	COV	ER LETTER	
	COV		
TO: Registration Secti Division of Corpo		.	(((1122000358916 3)))
ARZON ONL SUBJECT:	INE LLC		
SUBJECT:	Name of Limited Lis	hility Company	
The enclosed Articles of Ar	nendment and fee(s) are submitted	for filing.	
	ence concerning this matter to the		
	PARVIZDZHON DZHURABOU	v	
		Name of Person	
	ARZON ONLINE LLC		,
		Firm/Company	
	800 SE 4TH AVE STE 705		
		Address	
	HALLANDALE BEACH, FL 33		
		/State and Zip Code	
	info@miaccounting.us E-mail address: (to be u	sed for future annual report notification)	
For further information co	cerning this matter, please call:		
PARVIZDZHON DZHUF	ABOEV	305 610-2704 at ()	
Name of	Person	Area Code Daytime Telephone N	umber :
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	.00 Filing Fec, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street,	
			(((1122000358916 3)))

To: DIVISION OF CORPORATIONS .

From: MADINA bahretdinova

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000358916 3)))

ARZON OF		Linhility	Company as it now sometrs on our records	,	
	(<i>F</i>	Tlorida I	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organizat	on for this Limited Lial	bility Co	mpany were filed on 12/14/2021	and assigned	
Florida document number	L21000526902		: :		
This amendment is submi	tted to amend the follow	vino-			
		-			
A. If amending name, e	nter the new name of t	he limite	ed liability company here:		
The new name must be disting	uishable and contain the wor	rds "Linvire	d Liability Company," the designation "LLC" or the	abhreviation "L.L.C."	
		į	800 SE 4TH AVE STE 711		
Enter new principal offi		i	HALLANDALE DEACH EL 22000		
(Principal office address	MUST BE A STREET	ADDRE	33)		
Entar now mailing adde	ve if applicable		800 SE 4TH AVE STE 711		
Enter new mailing addr (Mailing address MAY B		oν	HALLANDALE BEACH, FL 33009		
Induting quaress pract b	EATOST OFFICEB	<u>UAJ</u>			
		1			
			office address on our records, enter the na	me of the new register	<u>ed</u>
B. If amending the regi			office address on our records, enter the na	nme of the new register	<u>ed</u>
agent and/or the new re	vistered office address		office address on our records, enter the na	nme of the new registero	ed .
agent and/or the new re		here:		inne of the new registers	ed 275
Name of New R	vistered office address	here:	office address on our records, enter the na #TH AVE STE 71! Enter Florida street address	me of the new registers	a APPRO
Name of New R	vistered office address	800 SE	#TH AVE STE 71! Enwr Florida street address	2022 OCT 19 AI	APPROYE
Name of New R	vistered office address	800 SE	#TH AVE STE 711	2022 OCT 19 AI	APPROYEU AND
Name of New R	ristered office address egistered Agent: Office Address:	HALLA	#TH AVE STE 71! Enter Florida street address NDALE BEACH, Florida City	2022 OCT 19 AI	APPROYEU AND
Name of New Registered Agent's S	egistered office address egistered Agent: Office Address:	800 SE HALLA	#TH AVE STE 711 Enter Florida street address NDALE BEACH, Florida City Agent:	2022 OCT 19 AM 9: 32 Zip Code Zip Code	APPROVED
New Registered Agent's S I hereby accept the app provisions of all statute	egistered office address egistered Agent: Office Address: egnature, if changing Re ointment as registered relative to the prope.	800 SE HALLA egistered l agent al	#TH AVE STE 711 Enter Florida street address NDALE BEACH, Florida City Agent: tul agree to act in this capacity. I further and possible performance of my duties, and I and	Zip Code 32 Zip Code 32 agree to comply with the n familiar with and	APPROVED
New Registered Agent's S I hereby accept the app provisions of all statute accept the obligations of	egistered office address egistered Agent: Office Address: ointment as registered s relative to the prope.	BOOSE HALLA egistered agent aar and coatered age	#TH AVE STE 71! Enter Florida street address NDALE BEACH , Florida City Agent: tul agree to act in this capacity. I further and land as provided for in Chapter 605, F.S. C.	2022 OCT 19 AM 9: 32 agree to comply with the infamiliar with and or, if this document is	APPROVED
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If amending Authorized Person(s) authorized to mana or removed from our records:		Person(s) authorized to man cords:	age, enter the title, name, and address of each person being adde		
MGR = N AMBR = A	lanager authorized M	ember		(((1122000358916 3)))	
<u>Title</u>	Name		Address	Type of Action	
AMBR	PARVIZ	DZHON DZHURABOEV	800 SE 4TH AVE STE 705	□Add	
			HALLANDALE BEACH, FL 33009	Remove	
AMBR	JOSH GF	IFFITHS	800 SE 4TH AVE STE 711	∃ Add	
			HALLANDALE BEACH, FL 33009	□Remove	
				☐ Chang c	
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				□Change	
				(((H22000358916 3)))	

IVISION OF CORPORATIONS .	Page: 8 of 8	2022-10-19 19:55:46 GMT	13056476040	From: MADINA bahretdingva
			(((H22000	358916 3)))
D. If amending any other in	eformation. enter change(s)	here: (Attach additional sh	eets, if necessary.)	
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If the record specifies a detayed record is filed.	effective date, but not an effect	ive time, at 12:01 a.m. on the o	earlier of: (b) The 90th day at	iter the
Dated OCTOBER, 19	2022			
	Duck ~			
	Signature of a member o	authorized representative of a me	ember	
PARVIZDZHOI	N DZHURABOEV	printed name of signee		
	i yped di	practice name of signer		
			(((1122006	358916 3)))
		Filing Fee: \$25.00		