

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L220003591013740

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((H22000359101 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : PRIME INCOME TAX AND ACCOUNTING LLC
Account Number : I20210000201
Phone : (561)409-3106
Fax Number : (561)952-0315

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

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

2022 OCT 19 11:34:46

2022 OCT 19 AM 9:29
APPROVED
AND
FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

OCT 20 2022
K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G PRADO SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILCILENE DIAS PRADO
Name of Person

G PRADO SERVICES LLC
Firm/Company

1167 HILLSBORO MILE APT 204
Address

HILSBORO BEACH - FL 33062
City/State and Zip Code

PRIMEINCOMETAX1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILCILENE DIAS PRADO
Name of Person

561 528-4623
at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

G PRADO SERVICES 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 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 liability 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 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

Florida

City

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

APPROVED
AND
FILED
2022 OCT 19 AM 8:29
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, 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

Title	Name	Address	Type of Action
AMBR	GILCILENE DIAS PRADO	1167 HILSBORO MILE APT 204	<input checked="" type="checkbox"/> Add
		HILLSBORO BEACH - FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE ADD GILCILENE DIAS PRADO AS AMBR

Doc ID: 828455760020d7a7c04470d555a80676d625

10/19/22, 1:51 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210003526902

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(((H22000358916 3)))



H220003589163ABC3

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MIACCOUNTING CO
Account Number : 120220000131
Phone : (305)610-2704
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

2022 OCT 19 PM 4:16

2022 OCT 19 AM 9:32
RECEIVED BY STATE
FIDELITY NATIONAL FIDELITYAPPROVED
AND
FILED[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)OCT 20 2022
K. Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

(((1122000358916 3)))

SUBJECT: ARZON ONLINE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PARVIZDZHON DZHURABOEV

Name of Person

ARZON ONLINE LLC

Firm/Company

800 SE 4TH AVE STE 705

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

info@miaccounting.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARVIZDZHON DZHURABOEV

305 610-2704
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((1122000358916 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000358916 3)))

ARZON ONLINE 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 12/14/2021 and assigned
Florida document number L21000526902

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

800 SE 4TH AVE STE 711

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

800 SE 4TH AVE STE 711

HALLANDALE BEACH, FL 33009

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:

800 SE 4TH AVE STE 711

Enter Florida street address

HALLANDALE BEACH

Florida 33009

City

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

(((H22000358916 3)))

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

((H22000358916 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PARVIZ DZHON DZHURABOEV	800 SE 4TH AVE STE 705	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSH GRIFFITHS	800 SE 4TH AVE STE 711	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Filing Fee: \$25.00