Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20198000044 Phone : (407)888-3131 : (888)453-0509 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COVER LETTER

TO:	Registration Se Division of Cor			*
SUBJI	BIOKOVO	LLC	·	5
30031		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ED KOTLER		
			Name of Person	
		TAX ZONE INC		
			Firm/Company	e & S60.00 Filing Fee, Certificate of Status &
		8865 COMMUNITY CIR	STE 4	
		······	Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
			·	ncation)
For fur	ther information of	concerning this matter, please co	all:	
ED K	OTLER		407 888-3131	
· <u></u>	Name o	of Person	Area Code Daytim	e Telephone Number
Name of Person TAX ZÖNE INC Firm/Company 8865 COMMUNITY CIR STE 4 Address ORLANDO, FL 32819 City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ED KOTLER 407 888-3131 ut (
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is coclosed)	Certificate of Status & Certified Copy

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RIOKOAOTTĆ	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now annears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000436201	y were filed on 10/10/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lin	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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 agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	\$\frac{1}{20} \frac{1}{2} \fr
	Enter Florida street address Florida
	CityZip Gode

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.

18884530509

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
AMBR	AMELIA SMAILBEGOVIC	10819 LEMON LAKE BLVD	
		ORLANDO, FL 32836	
MGR	AMELA SMAILBEGOVIC	10819 LEMON LAKE BLVD	≅Add
		ORLANDO, FL 32836	□Remove
			☐ Change
			□Add
			□ Remove
		town a design a limiter of Administration published and the many of the published and the many of the many of the second of the	Change
www	**************************************		□Add
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			□Remove
			☐ Change

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If amending	any other informati	ion, enter change(s) here: (Attach addi	itional sheets, if necessary.)	
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Effective date	e, if other than the d	late of filing:	(optional)	
If an effective dat	te is listed, the date must	late of filing: be specific and cannot be prior to date of filing or	more than 90 days after tiling.) Pursuant to 60	05.0207 (3)(b)
document's eff	ite inserted in this bloc fective date on the Der	ck does not meet the applicable statutory fil- partment of State's records.	ing requirements, this date will not be li	sted as the
	•			
e record specifi	ies a delayed effective	date, but not an effective time, at 12:01 a.m	o on the earlier of (b). The 90th day of	ter the
ord is filed.	ustay ou errounte	ware, out not an encoure time, at 12,01 d.m.	a on the carrier of (b) the 50m day an	ior tito
Dated	10/19	<u> </u>		
Duren				
Dated		1 mela Juil 8 20 0	;	

To:

Filing Fee: \$25.00

AMELA SMAILBEGOVIC
Typed or printed name of signer