

L22000465542

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

From:
Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

****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 CERTAINTY CARE LLC

Certificate of Status	0
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TALLAHASSEE, FLA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERTAINTY CARE 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:

JESSICA TORRES

Name of Person

TAX CARE CELEBRATION

Firm/Company

1400 NW 107TH AVE STE 203

Address

SWEETWATER, FLORIDA 33172

City/State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM

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

For further information concerning this matter, please call:

JESSICA TORRES

786

845-8854

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

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

FILED

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CERTAINTY CARE LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/31/2022 and assigned
Florida document number L22000465542.

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:

14900 NW 44TH AVE STE 8

(Principal office address MUST BE A STREET ADDRESS)

OPA LOCKA, FLORIDA 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14900 NW 44TH AVE STE 8

OPA LOCKA, FLORIDA 33054

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:

DAVID TORRES-MONCADA

New Registered Office Address:

14900 NW 44TH AVE STE 8

Enter Florida street address

OPA LOCKA

Florida 33054

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.

David Torres-Moncada
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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN JAIRO ARIETA	14900 NW 44TH AVE STE 8	<input checked="" type="checkbox"/> Add
		OPA LOCKA, FLORIDA 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DAVID TORRES-MONCADA	14900 NW 44TH AVE STE 8	<input type="checkbox"/> Add
		OPA LOCKA, FLORIDA 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGELICA MARIA TORRES	14900 NW 44TH AVE STE 8	<input type="checkbox"/> Add
		OPA LOCKA, FLORIDA 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE POLICE
FALLAHASSEE, FL

2022 NOV - 1 AM 8:44
FALLAHASSE, FL

100

(If an effective 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 (3)(b)

Dated NOVEMBER 1 2022

Typed or printed name of signee

Filing Fee: \$25.00