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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



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2023 JAN 23 AMII: 42

COVER LETTER

TO:

TO:	Registration Section of Corp			
ar (n. 113	ere!	ERATAX @!	MULTI SERVICES, LLC	
SUBJE	C1:	Name of Lin	ited Linbility Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	emitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the fellowing:	
			MR. MAZAR FORTIL	
			Name of Person	
		ERATAX	(& MULTI SERVICES, LLC	
			Firm/Company	
		5225	5 KW 54TH STREÉT	
			Address	
		COC	ONUT CREEK, FLORIDA 33073	
		• •••	City/State and Zip Code	
			RISMAZARI3@GMAIL.COM	
			to se used for future annual report notification)	
For furtl	her information co	ncerning this matter, please of	all:	
M	AZAR FORTIL, M	IGR	954 536-614! et()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	■ \$30.60 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of State (additional copy is enclosed) Certified Copy (additional copy is en	atus &
	Mailing Address:		Street Address:	
	Registration So		Registration Section	
	Division of Co	-	Division of Corporations	
	P.O. Box 6327 Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	. w. w. w. w. w. y. w.		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERATAX	(@ MULTI SE	RVICES, LLC				
(Name of the Limited Lia (A Fig	bility Company oride Limited Lieb	as it now appears on orlity Company)	our records.)			
The Articles of Organization for this Limited Liability	y Company we	ere filed on 12/29/2	2022	and	d assigne	d
lorida document number	·					
his amendment is submitted to amend the following	; :					
. If amending name, enter the new name of the l	limited liabilit	y company here:				
ERATAX & MULTI SERVIC	·					
he new name must be distinguishable and contain the words "	Limited Liability	Company," the design	ation "LLC" or th	ne abbreviatio	wit.L.C.	.*
Enter new principal offices address, if applicable:	;	5225 NW 54TH STI	REET	<u> </u>	073 J	
Principal office uddress MUST BE A STREET AD	DRESS)	COCONUT CREEK	C, FL 33073		Z	1 1
					$\frac{2}{3}$	
				<u> </u>	≖ "	1
Enter new mailing address, if applicable:		·		11 _ '	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX	<u>)</u>	5225 NW 547	'H STREET		5	
	_	COCONUT C	REEK , FL 3307	73		
 If amending the registered agent and/or registered and/or the new registered office address her 	<u>re</u> :		rds, <u>enter the r</u>	iame of the	e new re	gist
Name of New Registered Agent:	AZAR FORTII					
New Registered Office Address: 522	25 NW 54TH S					
		Enter Florida s				
<u></u>	COCONUT CRE	EEK	, Florida	33073		
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			(T) x 3 3

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 6 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a 1 is filed. 01/17/2023 1:50 p.m.	ERATAX & MULTI SERV	CES. Therefore; after copying my LLC document from the Division of Corpora	ations,
Sincerely Yours: Mazar Fortil, Mgr. (optional) In effective date, if other than the date of filing: (12/29/2023) (optional) In 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 0 obe: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 occurrent's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a is filed.	I figured out that there was a	error typographic on the symbole.:So, instead of the symbole (&) it was (@	
The perfect name of my Entity is: ERATAX & MULTI SERVICES, LLC Sincerely Yours: Mazar Fortil, Mgr. Flective date, if other than the date of filing: 12/29/2023 (optional) 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 60 cells: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 occurrent's effective date on the Department of State's records.	ERATAX @ MULTI SERV	CES< LLC .So sorry for the inconvenient that may cause to you as from my sid	ie that
Sincerely Yours: Mazar Fortil, Mgr. Sincerely Yours: Mazar Fortil, Mgr.	stopped completely the rest of	of the process of my transactions.	
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aleu	ated 01/17/2023	1:50 p.m.	
Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member	
		MAZAR FORTIL Typed or printed name of signee	

. . . .

Filing Fee: \$25.00