

9/4/24, 5:12 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : TAX ZONE INC.  
Account Number : 12019000000044  
Phone : (407)295-3131  
Fax Number : (888)453-0509

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

Email Address: ACCOUNTANT@TAXZONEFL.COM

2024 SEP - 5 / 11:10:12

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FOUNTAINHEAD1016, LLC

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

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Electronic Filing Menu Corporate Filing Menu

SEP - 5 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

FOUNTAINHEAD1016, LLC

SUBJECT: \_\_\_\_\_  
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:

ED KOTLER

\_\_\_\_\_  
Name of Person

TAXZONE INC

\_\_\_\_\_  
Firm/Company

8865 COMMODITY CIR STE 4

\_\_\_\_\_  
Address

ORLANDO FL 32819

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTANT@TAXZONE-FL.COM

\_\_\_\_\_  
e-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA VALCARCEL

407 883-3131  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$20.00 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

FOUNTAINHEAD1016, 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 01/18/2023 and assigned  
Florida document number 1,21000034766

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:

PAOLA VALCARCEL

New Registered Office Address:

2509 S. PALMETTO AVE.

(Enter Florida street address)

S. DAYTONA

Florida 32119

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

*Paola Valcarcel*

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>                      |
|--------------|-----------------|-------------------------------------------|--------------------------------------------|
| AMBR         | FV & SM INC     | 2309 S. PALMETTO AVE S. DAYTONA, FL 32119 | <input type="checkbox"/> Add               |
|              |                 |                                           | <input checked="" type="checkbox"/> Remove |
|              |                 |                                           | <input type="checkbox"/> Change            |
| AMBR         | PAOLA VALCARCEL | 2309 S. PALMETTO AVE S. DAYTONA, FL 32119 | <input checked="" 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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