10/22/24, 3:32 PM

Division of Corporations

# Florida Department of State Division of Corporations L23 Westronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 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:

Accountantal taxzoneflicon

124 OCT 22 PM14: 45

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUNTAINHEAD1016, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

#### From: Tax Zone

#### **COVER LETTER**

Division of Co	orporations		
	INHEAD1016, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fcc(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	VALCARCEL, PAOLA		
		Name of Person	
		Firm/Company	
	2309 S. PALMETTO AV	E	
		Address	
	S Daytona, FL,32119		
	P-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	City/State and Zip Code	
	ACCOUNTANT@TAXZO		
	E-mail address: (	to be used for future annual report no	ification)
For further information	concerning this matter, please o	all:	
PAOLA VALCARCEL		407 888-3131 at ()	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration So	
Division of C	•	Division of Co The Centre of	•
P.O. Box 63 Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUNTAINHEAD1016, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	ony as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited l Florida document number L23000034766	Liability Company	were filed on 01/18/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		2309 S. PALMETTO AVE	
		S. DAYTONA, FL 32119	
Enter new mailing address, if applicable:		2309 S. PALMETTO AVE	
(Mailing address MAY BE A POST OFFICE BOX)		S. DAYTONA, FL 32119	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, enter the n	ame of the new register
Name of New Registered Agent:	<del> </del>		~ ~ ~
New Registered Office Address:	2309 S. PALM	EITO AVE	<u> </u>
1:01. 1:08:01:02 Q1:133 1:00 top.		Enter Florida street address	
	S. DAYTONA	, Florida	32119 - =
	<u></u>	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PAOLA VALCARCEL	2309 S. PALMETTO AVE	DAdd
		S. DAYTONA, FL 32119	□Remove
			≅Change
			□Add
		□Remove	
		□Add	
		□Remove	
		☐ Change	
		□Add	
		□Remove	
		□Change	
		□Remove	
		□Change	
	<u> </u>	□Add	
			□Remove
			∏Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
-	
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<u>Note:</u>	ve date, if other than the date of filing:  (optional)  (cive 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	October 02 0004
	Signature of a member of authorized representative of a member
	Typed or printed name of signed