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.

(((H23000099933 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : 120220000054

Phone : (786)571-4129

Fax Number : (786)590-1744

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 TAYRONA CAPITAL CITIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help T. LEMIEUX MAR 1 6 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

(((H23000099933 3)))

TAYRONA CAPITAL CITIES 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: ANDRES MARTINEZ Name of Person MODERN SOLUTIONS GROUP LLC Firm/Company 10810 BOYETTE RD # 2280 Address RIVERVIEW, FL 33568 City/State and Zip Code INFO@ MODERNSOLUTIONSGROUP.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDRES MARTINEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(((H23000099933 3)))

TAYRONA CAPITAL CITIES LLC

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited L23000039498		JANUARY 20, 2023	_ and assigned
This amendment is submitted to amend the following	Howing:		
A. If amending name, enter the new name	of the limited liability company h	iere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbro	eviation "L.IC."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	٠,٠	
	## ###################################	•	
B. If amending the registered agent and/or		records, enter the name	
agent and/or the new registered office addr	ess here:		o ∏
Name of New Registered Agent:	MARTINEZ, MARIA XIMENA	· .	PM 2
New Registered Office Address:	10810 BOYETTE RD STE 2280	· 	3
A A A A A A A A A A A A A A A A A A A	Enter Fl	orida street address	
	RIVERVIEW	, Florida 33568	3
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records: (((H23000099933 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	GLORIA CONTRERAS	16969 NW 67TH AVENUE SUITE 208	
		HIALEAH, FL 33015	Remove
			□Change
MGR	GT GLOBAL LLC	30 N GOULD ST STE R	■Add
		SHERIDAN, WY 82801	□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

(((H23000099933 3)))

					
	***************************************	· · · · · · · · · · · · · · · · · · ·	·		
					·····
			 		
		······································		 	
			······································		
			MA****		
**					
	1017				
				,,	
	· · · · · · · · · · · · · · · · · · ·				
ote: If the d	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Depar	does not meet the app	licable statutory filing	(option: re than 90 days after fili requirements, this da	al) ng.) Pursuant to 605.0207 are will not be listed as
record specif is filed.	es a delayed effective da	e, but not an effective	e time, at 12:01 a.m. o	n the earlier of; (b)	The 90th day after the
ated	MARCH 15	uis EA	rbelaez othorized representation	Ospina	
	Ţ	HISFARI	BELAEZ O	SPINA	

Filing Fee: \$25.00 (((H23000099933 3)))