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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: Accountant ou

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARCO VALENCIA CORDOVA LLC

Certificate of Status	0
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Help

T. LEMIEUX

MAR 2 4 2023

TO:

## **COVER LETTER**

	stration Section Ion of Corpora				
aud'erce	MARCO VALI	ENCLA CORDOVA LLĘ			
SUBJECT: _		Name of Lim	ited Liability Company		<del></del>
The enclosed A	Articles of Amo	endment and fee(s) are sub	mitted for filing.		
Please return a	ll corresponder	nce concerning this matter	to the following:		
		1			
	_			. <del></del>	
			Name of Person		
	_				
			Firm/Company		
	_				
			Address		
	_				
	_		City/State and Zip Code		
	_	E-mail address: (t	o he used for future annual r	report notification)	
For further info	ormation conce	rning this matter, please co	all:		
<u>.</u>	Name of Pers	ion	at () Area Code	Daytime Telepho	one Number
Enclosed is a c	heck for the fol	llowing amount:			
□ \$25.00 Fili	ing Fee 🗀	\$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encl		\$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

## MARCO VALENCIA CORDOVA LLC

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

	(A I Milea Linned L	aomity Company)				
The Articles of Organization for this Limited L	iability Company (	were filed on 02/04/2023		a	nd assi	gned
Florida document number 1.23000065536						
	i					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	ity company here:				
MARCO ADOLFO VALENCIA CORDOVA LLO	7					
The new name must be distinguishable and contain the w	vords "Limited Liabili	y Company," the designation "	'LLC" or the	abbreviat	ion "L.I.	C."
Enter new principal offices address, if applic	ablę:		···			
(Principal office address MUST BE A STREE	T ADDRESS)			-		
	1					
E-4 if applicable	•					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		··			<del></del>
B. If amending the registered agent and/or r	egistered office a	ldress on our records, <u>er</u>	ter the nai	ne of th	ie new	registered
agent and/or the new registered office addres	ss here:				23 -	
				٠.	-;	
Name of New Registered Agent:	I				N	
Millie of thew Registered Argents.					$-\omega$	<del></del>
New Registered Office Address:					<u> </u>	C
		Enter Florida street aa	fdress	_ ;; ;	بب	
			, Florida _	五套	_	
		City		Zip	Code	
New Registered Agent's Signature, if changing B	Registered Agent:					
						ماله العالم
I hereby accept the appointment as registered	d agent and agree	e to act in this capacity.	i further ag	gree to Camilia	compi	y with the . .and
provisions of all statutes relative to the prope accept the obligations of my position as regis	er ana compiete p	verjormance of my auties woulded for in Chapter 61	r, ana ram OSFSO:	jamaa - if this	u wuu docun	una wat iv
accept the obligations of my position as regis being filed to merely reflect a change in the i	revistered affice (	ostaea joi in Onapier ol iddress. Thereby confirn	that the h	mited l	liability	)
company has been notified in writing of this		and the first only conguent			· · · · · · · · · · · · · · · ·	
company has been notified in artific by this	<mark></mark>					

If Changing Registered Agent, Signature of New Registered Agent

īo;

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 = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			CRemove
			Change
			□Add
	1		Remove
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			□ Remove
			Chango

To:

<u>te:</u> If t	date, if other than the date of filing:
cord sp s filed.	ecifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
.cd	03/23/2023
	Signature of a member or authorized representative of a member
	Mara Adolfo Valencia Coldova

Filing Fee: \$25.00