L23000135988

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2024 COT - 7 TOTAL 35

COVER LETTER

Registration Section Division of Corporations

TO:

	I SERVICE LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	ALEJANDRO T QUINTA		
		Name of Person	
	INCOME TAX FLORIDA	, LLC	
		Firm/Company	
	12991 SW 133rd TERRAC	CE	
		Address	
	MIAMI/FLORIDA/33186-	6965	
		City/State and Zip Code	
	alex.quintana@itaxflo.com		
	E-mail address: ()	o be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
ALEJANDRO T QUIN	TANA	786 7581176	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sectoristics of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALANTA 21 SERVICE LLC

2024 <u>CST - 7 MII</u> : 36

(A Florid	a Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C Florida document number L23000135988		2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u> :	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
		, Florida
	City	_, Florida 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DANIEL RUANO	14868 SKIP JACK LOOP, SARASOTA FL	= Add
			□Remove
			□Change
MGR	DANIEL RUANO	14868 SKIP JACK LOOP, SARASOTA FL	
			□Remove
			□Change
MGR	ALEJANDRO T QUINTANA	12991 SW 133rd TERRACE, MIAMI FL	🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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	OCTOBER 2, 2024
ective reffect	date, if other than the date of filing: (optional) ive 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 605.020
<u>te:</u> If i	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ument	i's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ted	
	$()$ $=$ \setminus
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

COVER LETTER

TO: Registration Sec Division of Corp			
	I SERVICE LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	ALEJANDRO T QUINTA	NA	
		Name of Person	
	INCOME TAX FLORIDA	LLC	
		Firm/Company	
	12991 SW 133rd TERRAC	Œ	
		Address	
	MIAMI/FLORIDA/33186-	6965	
		City/State and Zip Code	
	alex.quintana@itaxflo.com	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca		
ALEJANDRO T QUINT	⁻ ANA	786 7581176	
Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for the			E 640 DO FILLS For
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Sec	tion
Registration Solution Solution Solution		Division of Corp	oorations
P.O. Box 632		The Centre of Ta	allahassee Street, Suite 810
Tallahassee,	T L J L J L T H	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 CC -7 XIII: 35

ALANTA 21 SERVICE LLC

company has been notified in writing of this change.

(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 v	vere filed on MARCH 16, 2023	and assigned
Florida document number L23000135988		
This amendment is submitted to amend the following:	indocument number L23000135988 International content of the following: Inte	
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	5
	, Flo	orida
	City	Zip Code
		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, ar	nd I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

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MGR	ALEJANDRO T QUINTANA	12991 SW 133rd TERRACE, MIAMI FL	🖸 Add
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			□Change
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			Change

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e: If t	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
ument	's effective date on the Department of State's records.	
	ancificate deligned official data has been at an official section at 12,01 a.m. an the english of (h). The 90th day official	1.
s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	
ed		
	Signature of a member of authorized representative of a member	
	i (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Filing Fee: \$25.00