Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068

Phone

: (407)344-1012

Fax Number

: (407)344-1371

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAIKOL ROJAS LLC

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Help

63, 632,23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIKOL ROJAS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi	wore filed on 03/23/2023	and assigned
This amendment is submitted to amend the following:		
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 Liabilia	y Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		23:
(Principal office address MUST BE A STREET ADDRESS)		<u></u> ;
Enter new mailing address, if applicable:		- -1
(Mailing address MAY BE A POST OFFICE BOX)		5
Huming pauress man bear 1001 0111 100 1000		~-J
B. If amending the registered agent and/or registered office as	ldress on our records, enter the name of	the new registe
agent and/or the new registered office address here:	the same of	
Name of New Registered Agent:		
New Registered Office Address:		
Mew Registered Office Address.	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	FREDYVEL ROJAS SANTANA	12101 N DALE MABRY HWY APT 312	
		TAMPA, FL 33618	□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🖸 Add
			DRemove
			□Add
			□Remove
			Change
			□Add
			□Remove
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ote: li	c date, If other than the date of filing: (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be at's effective date on the Department of State's records.	605.020 listed as
record Lis files	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day i.	after the
ated _	Detabes 12. 2025. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00