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COVER LETTER

Registration Section

TO:

Division of Co	orporations		7.	
TAXES B	Y GEORGE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JORGE L. TIRADO			
		Name of Person		
	TAXES BY GEORGE LL	С		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	7455 COLLINS AVE STE	E 209		
		Address		
	MIAMI BEACH, FL 3314	11		
		City/State and Zip Code	· ;	293
	INFO@TAXESBYGEORG			ي <u>. </u>
		to be used for future annual report not	ification)	: ن
For further information	concerning this matter, please c	all:	,	 :::
GUSTAVO E. TIRADO)	954 901-8053 at ()		i i i
Name	of Person		ne Telephone Number	3:27
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addre		Street Address:	wtion	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 63:	27	The Centre of	Γallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000204490</u>	were filed on <u>04/25/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1491 NE 132ND RD	
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI FL 33161	29
		∯
Enter new mailing address, if applicable:	1491 NE 132ND RD	رن ا
Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMLEL 33161	
		Ö
		. œ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrowsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	I am familiar with and

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>	Address	Type of Action
P/S	TIRADO, JORGE L.	1491 NE 132ND RD	🗀 Add
		NORTH MIAMI FL. 33161	□Remove
			■ Change
VP/S	TIRADO, GUSTAVO E.	1491 NE 132ND RD	≣Add
		NORTH MIAMLEL 33161	□Remove
			□Change
т ———	DE FARIA DE TIRADO, MARIA	1491 NE 132ND RD	≣ Add
		NORTH MIAM! FL 33161	□Remove
			□Ghange
			□ Aḍḍ
			□Remove
			□Change
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ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific a is block does not	and cannot be prior t meet the applic	able statutory fi	(op) r more than 90 days aft ling requirements, th	tional) er filing.) Pursuant to 605.02 his date will not be listed
cord specifies a delayed effe s filed.				n, on the earlier of: (b) The 90th day after th
ed		2023	_·		
			_	1 /	_ \
		a member or autho			

Filing Fee: \$25.00