

L2300021735736

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

FILED
2024 JAN 16 PM 1:39
TALLAHASSEE, FLORIDA

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@taxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRIAN MOLINA LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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K. SALY

JAN 17 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BRIAN MOLINA LLC

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:

ED KOTLER

Name of Person

TAX ZONE INC

Firm/Company

8865 COMMODITY CIR STE 4

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ED KOTLER

407 888-3131

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

BRIAN MOLINA LLC

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

FILED
2024 JAN 16 PM 1:39
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/08/2023 and assigned
Florida document number L23000225736.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

4014 MALAWI TRAIL

SAINT CLOUD, FL 34772

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4014 MALAWI TRAIL

SAINT CLOUD, FL 34772

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4014 MALAWI TRAIL

Enter Florida street address

SAINT CLOUD

City

Florida 34772

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

To:

Page: 8 of 9

2024-01-16 20:48:38 GMT

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From: Tax Zone

At this time, Authorized Member(s) authorized to manage, enter, the date, 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>	<u>Type of Action</u>
AMBR	BRIAN MOLINA	4014 MALAWI TRAIL	<input type="checkbox"/> Add
		SAINT CLOUD, FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
24 JAN 16
ALAMOSTA FLORIDA

