8/15/23, 3:39 PM

Division of Corporations

# Florida Department of State

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(((H23000283599 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX TRAINERS INTERNATIONAL CONSULTANTS LLC

Account Number : I20210000123 : (321)315-9576 Fax Number : (321)234-0285

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

Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHINE FENCE OF CFL LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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AUG 15 2023

K. Brumbley

#### **COVER LETTER**

TO:	Registration Se Division of Cor			4	•	
SIID IE		ence of CFL LLC				
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	<u> </u>	<del></del>	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	sturn all correspo	ndence concerning this matter	to the following:			
		MIGUEL J ROMER MEN	IDOZA			
		<del></del>	Name of Person		······	
		TAX TRAINERS INTER	NATIONAL CONSUL	TANTS LLC		
		Firm/Company 3585 GRANDE RESERVE WAY APT 209				
			Address			
		ORLANDO FL 32837  City/State and Zip Code  DOCS@TAXTRAINERSINTL.COM				
		E-mail address: (	to be used for future anni	ual report notifica	ation)	
For furth	er information co	oncerning this matter, please co	all:			
DANIE	LA PEREZ RUE	DA	407 at ( )	419-6716		
	Nшпе о	l Person	Area Code	Daytime T	elephone Number	
Enclosed	d is a check for th	te following amount:				
<b>□ \$</b> 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S			: Address: stration Secti	on	
	Division of C		Divis	sion of Corne	rotione	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Hability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000235613</u> .	were filed on 05/12/2023	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 Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	932 E OSCEOLA PKWY	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL 34744	
Enter new mailing address, if applicable:	932 E OSCEOLA PKWY	
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE FL 34744	
B. If amending the registered agent and/or registered office a	uddrass on our racords, nater the na	me of the new register
agent and/or the new registered affice address here:	address on our records, earch the na-	me of the new register
Name of New Registered Agent:		2023 A
New Registered Office Address:		
	Enter Florida street address	X 50 E
	, Florida _	
New Registered Agent's Signature, if changing Registered Agent:	City	-Lip Lode
new registered Agent a olbitatiff to configure registered Agent.		<u> </u>

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
AMBR	ELIZABETH RUEDA BAUTISTA	932 E OSCEOLA PKWY	<b>=</b> Add
		KISSIMMEE FL 34744	□Remove
			□Change
	<del></del>	-	
		Change	
		□Add	
		,	DRemove
			Change
	<del></del>	□Add	
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			🗆 Remove
			□Add
			□Remove
			□Change

D. H

	N/A
Not	effective date, if other than the date of filing:  - (optional)  - (opti
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the citled.
	ed AUGUST 14TH
Dat	a la
Dat	Signature of a member for abthorized representative of a member
Đạt	Signature in a member or abthorized representative of a member  DANIELA PEREZ RUEDA

Filing Fee: \$25.00